



THE MILITARY PSYCHOLOGIST

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January–December 2017

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Editor's Column

Joseph Lyons, PhD



Welcome to the Fall issue of *The Military Psychologist*! In this issue we feature articles on sexual trauma, a future look at Division 19 from our president-elect, and views from a former president of the American Psychological Association. We take a historical look at an influential psychologist—Morris Janowitz—in our Spotlight on History.

On the research side of the house, we have an article on resiliency at the individual and organizational level. Also, take a look at the message from our current Division 19 president, Dr. Sally Harvey, who provides an outstanding message in her final column.

This issue is bittersweet for me, because it is my last as editor. The new editor, Dr. Shawna Chee, will take the publication to the next level. Please welcome her as she transitions into the position. As I reflect on my time supporting this publication, I am reminded of three important points: (1) the value of diverse views (Division 19 encompasses many different disciplines and perspectives, and these perspectives are necessary for moving the divi-

sion forward), (2) the value of service (there are many ways to support Division 19 and other professional groups—one need only take the initiative and get involved), and (3) the importance of embracing opportunities when they are presented to us. I have learned a lot during these past 3 years as editor, and I hope you have enjoyed the journey as much as I have. I continued to be humbled to serve among the men and women of this division, some of the most professional, selfless, and outstanding individuals I have had the pleasure of working with. Thank you for this opportunity!

Thank you to all those who contributed to this issue of *The Military Psychologist*. And a special thanks to all of you who have contributed content to *The Military Psychologist* during my tenure as editor. Like all publications, this is possible and meaningful only when people like you participate by contributing content.

Happy Reading and Farewell!

Joseph Lyons, PhD

Editor, *The Military Psychologist*

President's Column

Sally C. Harvey, PhD



The following is an abbreviated version of the comments I made at the Society for Military Psychology's meeting last August. I realize that this is longer than the typical column but wanted to take this opportunity—likely the last one I will have—to share some of my thoughts and experiences with

you, my friends and colleagues.

By this point, I have been associated with the Department of Defense (DoD) for nearly 30 years. When I arrived in Korea, for my first tour with the 2nd Infantry Division, I was the first female psychologist ever assigned to any division. Now women can serve in any role for which they meet the requirements—women are Rangers, submariners, and pilots and serve with four stars on their shoulders. In providing care, I had patients whose sexual orientation was official grounds for separation—now lesbian, gay, bisexual, transgender, and queer members can serve openly, and do. Patriotism and the willingness to serve should not, must not, be dictated solely by a demographic. I have been in some roles where my expertise as a psychologist was not held in high regard—but in so many others that same expertise was viewed as instrumental. I have been fortunate to have worked in many roles as a military psychologist—and now, as a Department of the Army civilian, in traditional positions as a clinician and neuropsychologist, as an aeromedical and Survival, Evasion, Resistance, and Escape (SERE) psychologist, and as an operational psychologist. I have traveled far and wide, courtesy of Uncle Sam, and have seen the world from many different perspectives: watching women toil in the rice fields in Korea, children hustling for pennies in the streets of Kabul, families living in garbage heaps in Iraq, retirees facing the cruelty of dementia, soldiers carrying the dust and weight of war on their shoulders. I have laughed; cried; listened; and, upon occasion, simply held those dealing with unimaginable loss. I have stood at the

bedsides of young men and women—and they are all young men and women—injured in service to their nation and have attended far too many services for those who paid the ultimate sacrifice: at the hand of the enemy, in the carnage of an MVA, or by their own hand. I have worked with Americans and people born in other lands, all of whom shared the goal of peace, security, and a decent life for their families. I have provided counsel in traditional settings but also on tarmacs; in the rear of HUMMVs; and in hallways outside of intensive care units, where surgeons were in tears. In addition to being a reasonably capable psychologist, I hope I have been a mentor, a colleague, and a friend.

So, What Pearls of Wisdom to Proffer?

I was in Korea when the first Gulf War started, and we had received notification that everyone would be involuntarily extended—for 7 years. How that time was derived remains a mystery, but when you are young; inexperienced; and far, far away from home, it is difficult to maintain perspective. Not surprisingly, people tried all sorts of ways to get home or to drown their sorrows, and our little clinic was kept quite busy. One day, hearing a little bit of a ruckus in our waiting room, I went out to discover a note addressed to me, accompanied by a flower. The note said, “Tomorrow I will be heading home, sitting in a seat and not in a box in the cargo section. Thank you for all you did for me.” I have no idea who left that note, but I have treasured it to this day.

Every Interaction Has Meaning

I have questioned the value of therapy, wondering whether the time spent talking with people results in any positive impact . . . and then I remember that note, and picture that young man 30 years later, perhaps a little rounder in the middle, a bit of gray in his hair, bouncing his granddaughter on his knee, and know that we—as psychologists—bring value to others' lives, even if we will not always see that impact in real time.

In total, I spent almost three years in Afghanistan and Iraq. During a number of those trips, I met with the same folks—locals who, for various reasons, had a connection to our military. One of those was a large, somewhat threatening man who could reasonably be described as an individual with a checkered past. Over the course of time, I learned about the horrific torture he had experienced under the previous regime, the daily challenges of living in poverty and uncertainty and his deep abiding love for his children. During one of our last meetings, he asked to speak with “his American mother” about a serious matter. I girded myself, expecting some request that could not be fulfilled. I knew from previous conversations that he had lost his first son, when this young child was struck by a bullet meant for his father, because he had been holding this child at the time. I knew that he had since had another son—an infant now nearly a year old. With tears in his eyes, he told me that he had never held this child, out of fear that same fate would befall him. He wanted to know whether his son would hate him as he grew older and asked whether I could help him overcome his fear. We spent the next hour talking through this situation and coming up with what was, for him, a workable solution. When I met him the last time, he greeted me with open arms and a huge smile, telling me that he had held his son many times since we had last met but that the first time he had done so remains the happiest moment of his life.

Our Similarities Far Outweigh Our Differences—It Is the Discovery of What Binds Us Together That Allows for Bridges to Be Built

While stationed at Fort Bliss, I was on flight status and had to obtain “flight hours” each month, a task that, due to my clinical schedule, was typically completed at night. One evening, the task was to ride along with a new pilot who was in the process of completing his orientation. That task accomplished, we were headed home when, all of a sudden, the pilot in command took control, and we executed a sharp right-hand, upward turn—just in time to see the lights of another helicopter whiz by . . . within a blade’s length of our airframe. The rest of the ride was completed in silence. After we landed, the pilot came over and thanked me for my calm demeanor. What I didn’t share was that I couldn’t have said anything even if I had wanted to . . . my stomach was in my throat.

Sometimes Saying Nothing Is the Best Course of Action—Frankly, a Lesson I Probably Need to Revisit

In the early days of Operation Enduring Freedom, there was a friendly fire situation that resulted in several deaths and multiple injuries to members of a close-knit team. When this team arrived, to include the individual who made the decision leading to the incident, the first request from their commander was for a psychologist—thanks to my colleagues at Fort Bragg, the name the commander knew was mine. When I walked into their ward, where all but the one were present, the grief, tinged with anger, was palatable. The situation was not much different in the other room, with the exception that his grief and anger were directed inward. What could I possibly say in such a situation?

You Do Not Know All The Answers

I learned much from our chaplain that day in that there are times when all the knowledge conveyed by our doctorates pales in comparison to the power of presence, of just sharing time and space in moments of deep loss. We cannot fix everything, but we can ensure that no one walks the journey alone.

One beautiful spring day, Col. (Ret.) Jeff Stolrow came to my clinic office at Fort Bragg, presenting me with, in his words, “an opportunity to excel,” proposing that I attend SERE school. I was 46 at the time, in better shape than I am in now, but clearly not someone who would ever max the PT test. Remembering my mentor’s advice to walk through open doors and, frankly, not wanting to disappoint Jeff, I soon found myself in the forested mountains of Washington State. When used as intended—as inoculation for the inevitable stresses of captivity—SERE training is a powerful tool. Suffice to say that I remain—to this day—very glad that I went, and equally glad that, for me, this was a one-time experience. As a result of this experience, the sight of the American flag—whether flown in the forests of Washington, over the White House, in a baseball stadium, on a Navy vessel, in an embassy compound, or next to a tombstone—has a profound meaning for me as a symbol of hope and freedom, sacrifice, and commitment.

Challenge Yourself to Go Beyond Your Comfort Zone—Even If You Should Trip, You Will Become Stronger in Picking Yourself Up off the Ground

In August 2015, I was in the room when the Council of Representatives (CoR) voted to pass the resolution pro-

hibiting psychologists from consulting to national security interrogations, an event that has precipitated a deeply personal battle for me. Not only am I a colleague and friend of Morgan Banks, Debra Dunivin, Larry James, Russ Newman, and Stephen Behnke but I am incredibly proud and honored to have been a military psychologist. From personal experience, I know that there are times when commanders request actions that challenge our ethics, in the name of unit cohesion, the good of the service, or national security. I also can speak to numerous experiences where psychologists have been the sole opposing voice in the room, holding true to values and ethics. I also hold my profession dear—as a psychologist, I have been invested in the goal of improving the lives of individuals; protecting the rights of groups; ensuring the security of our nation; and, on a very good day, peace in our world—these efforts have included clinical work, research, consultation, and policy development. None of these activities have been to the exclusion of a commitment to human rights or social justice, but they have been predicated on the foundation of science.

What defines psychology? Is the practice of psychology limited to that of a relationship between a therapist and a patient? Does the profession of psychology include the provision of services on behalf of organizations and agencies, as occurs in child custody evaluations, disability assessments, assessment and selection programs, and marketing strategies? Do psychologists have a legitimate role in protecting our society, whether in risk assessments for those convicted of crimes, indirect assessments of those suspected of having nefarious intent, or the development of strategies to thwart terrorism?

Is the APA a Home for All Psychologists, or Only for Clinicians?

This debate is not new to the American Psychological Association (APA)—it has been an element of the dynamic tension that marks many professional organizations that include a diversity of practice. However, we are at a critical juncture in this history with the upcoming revision of the ethics code. It has been 16 years since the last revision to the code was accepted by CoR—it is a prudent act to relook at such codes in the face of tremendous societal and technological changes. Revising the ethics code is not a rapid process, with the last one taking 7 years from the time it began to the adoption of the code.

Whether it may, or may not, take such a journey this time is unknown, but we cannot remain idly on the sidelines, waiting until the last moment.

This is a call to action. Unless you are a psychologist whose practice solely involves clinical care, in all ways independent of any responsibility to your employer, this is an effort in which you must become engaged. If you elect to stand on the sideline, for whatever reason, you will have abrogated your responsibility to your profession. With every ethics code revision, there is the opportunity for public comment from members of the APA, psychologists outside the APA, and the general public. This is a critical window of opportunity.

Join your state association. In 35 states, the APA's Code of Ethics is the foundation for the state's licensure of psychologists. The state legislatures govern licensing boards, and there are established relationships between lawmakers and the state associations. In addition, each association also has a member on the APA's CoR. Becoming a member of your state's association provides an opportunity for you to inform and educate others regarding both military and general applied psychology—this battle will be won, in part, on the strength of personal relationships.

Publish! This is not limited to research findings but includes letters to the *Monitor*; notes to APA leadership; and articles in our division newsletter and journals, ours and others. Recently, there have been both book chapters and journal articles written calling for psychologists to leave military service as well as psychologists working outside the clinical realm to no longer be welcomed as members by the APA or even licensed as psychologists. If our voices are not heard, if our viewpoints are not established, then we cede that power to others.

Educate your colleagues. The membership of the APA has been falling for the past decade—this is not unique to the APA but is occurring across most professional organizations. It is probable that a myriad of factors are involved—the sense that the APA is antimilitary or irrelevant to their practice, that there is minimal “bang for the buck” in membership, that the buck is too precious to spend when one is facing \$250,000 in student debt. Membership for Division 19, however, is among the least expensive of all the APA divisions and does not require membership in the APA. The cost to become a professional affiliate is

\$30—if you are a student, it is only \$10. This has to be one of the best bargains in the land—and you gain a voice in the chorus.

Vote. The down side of being an affiliate, however, is that you are prohibited from voting for APA president or council representative. CoR is the equivalent of Congress—under ideal conditions, actions taken by CoR are in the best interest of the APA, based upon the diversity of opinions, views, and experiences of CoR representatives. We are blessed, at present, to have two members on the council—but that is predicated on the apportionment ballot. The attainment of the extra seat was by a whisker and can easily be taken away if an insufficient number of allocations are received. Our division is very diverse, with many members belonging to multiple divisions. I am making a personal plea for you to allocate a majority of your votes for Division 19 when you receive that ballot, which is usually mailed in November, and ask your colleagues to do the same.

In closing, I have been honored to serve, in uniform and out, as a psychologist and president of the Society for Military Psychology. I have been witness to instances of courage and integrity, sometimes at personal cost, as well as to the deep

sacrifices made by those—the 1% of our nation's population—who have chosen to serve, often in harm's way. I have been humbled by the commitment and ingenuity of those clinicians, researchers, educators, and consultants who work within the halls of the DoD, the Veterans Administration, universities, and corporations for the betterment of service members, veterans, and their families. I am brought hope by the energy and promise of our students, who have already made such a positive impact upon our division.

Thank you for your patience as I have rambled through my recollections of the past 30 years. I cannot predict the future, but I hope I have rung the clarion bell. I end, now, with this quote from Abraham Lincoln:

I am not bound to win, but I am bound to be true. I am not bound to succeed, but I am bound to live by the light I have. I must stand with anyone that stands right, and stand with him while he is right, and part with him if he goes wrong.

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Gendered Experiences of Military Sexual Trauma: Descriptive Findings From the 2012 Workplace and Gender Relations Survey of Active Duty Members

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The U.S. military is a male-dominated environment, with approximately 85.5% of all active duty service members being men (Bell & Rendon, 2011; Bell, Turchik, & Karpenko, 2014). Nevertheless, the role of women in the military has expanded and grown remarkably within the past several decades, and the number of women joining the military is increasing (Fitzgerald, Magley, Drasgow, & Waldo, 1999). Evidence has suggested that when women are in organizations that are traditionally male-dominated and charged with duties that are stereotypically masculine, they are at an increased risk of experiencing sexual harassment and assault (Fitzgerald, Drasgow, & Magley, 1999). Consequently, approximately 60% of women and 27.2% of men described repeated or severe sexual harassment during their military career (Bell et al., 2014).

The Department of Veterans Affairs created the term *military sexual trauma* (MST) to encompass the various forms of sexual maltreatment reported by service members. *Military sexual trauma* is defined as

harassment which is repeated, unsolicited verbal assault of a sexual nature that is threatening in character or physical assault of a sexual nature, which occurred while the veteran was serving on active duty or training regardless of geographic location of the trauma, gender of victim, or the relationship to the perpetrator. (Allard, Nunnink, Gregory, Klest, & Platt, 2011; Barth et al., 2015, p. 1; Counseling and Treatment for Sexual Trauma, 1992)

This definition highlights that MST can occur along a continuum of behaviors, and this term and its associated definitions are used throughout this article.

The military has put forth great effort to increase awareness about sexual harassment and assault as well as to bolster service members' motivations for reporting these actions, yet MST continues to be a common occurrence within the armed forces (Bell et al., 2014; Farris, Schell, & Tanielian, 2013). Sexual harassment and assault can take

many forms; for example, crude or offensive behavior can be defined as verbal or nonverbal behaviors of a sexual nature that are offensive or embarrassing. Another type of sexual harassment is unwanted sexual attention, which includes attempts to establish an unwanted sexual relationship or to engage in sexually suggestive behavior (Defense Manpower Data Center [DMDC], 2012b). Another form is sexual coercion, which is the extortion of sexual cooperation in exchange for job benefits or special considerations (Fitzgerald et al., 1999). The prevalence of sexual assault varies widely due to barriers to disclosure such as stigma and underreporting (Morris, Smith, Farooqui, & Surís, 2014). Bell and colleagues (2014) found 13.1% of women and 1.6% of men were sexually assaulted at some point during their military service.

Foundational research has provided evidence that women were significantly more likely to experience sexual harassment or assault during their military service compared to their male counterparts (Bell et al., 2014). Perpetrators of MST against women were typically men (Bell et al., 2014). When compared across service branches, female Marine personnel were most likely to report sexual harassment, followed by the Army, Navy, Air Force, and Coast Guard (Fitzgerald et al., 1999). When compared across rank, female enlisted service members were more likely to experience MST compared to their higher ranking female military counterparts (Fitzgerald et al., 1999).

Much of the existing research on MST has been focused on women without regard to men's experiences. Based upon the small amount of literature available on male MST, men were most likely to experience *heterosexual harassment*, which is defined as ridicule for gender-atypical or perceived homosexual behavior (Magley, Waldo, Drasgow, & Fitzgerald, 1999). Perpetrators of men's MST were most frequently other men (Bell et al., 2014). This study explored both men and women's experiences of the continuum of behaviors defined as MST as a way of filling this gap in the literature.

Reprisals

Most victims of MST do not formally report their experiences (Bell et al., 2014). The 2010 annual report on sexual assault in the military estimates that 2,617 (14%) of the 19,000 service members who are estimated to have experienced some form of MST officially reported their sexual misconduct (U.S. Department of Defense, 2010). Thus, it appears that many service members may not be officially reporting their sexual victimization. Retaliation is a common concern among individuals who may be considering filing an official report of MST. Retaliation can encompass a variety of unjustified actions, such as interfering with opportunities for promotion, unfavorable evaluations, or denying awards (U.S. Department of Defense, 2016). A recent study revealed that 52% of active duty women experienced either professional or social retaliation after officially reporting a sexual assault. Individuals who perceived some type of retaliation stated that they would be significantly less likely to make the decision to report the incident again compared to individuals who did not perceive retaliation (RAND Corporation, 2016). Building upon existing literature, this study explored self-reported willingness to officially report a sexual assault and fear of reprisals.

Research Aims

The findings from previous studies underscore the importance of examining the following: gendered prevalence of self-reported experiences of MST, willingness to officially report a sexual assault, and freedom to officially report sexual assault without fear of reprisals. The goals of this study were to (a) describe the prevalence of self-reported MST in men and women service members, (b) describe the gendered prevalence of willingness to officially report a sexual assault, and (c) describe the gendered prevalence of freedom to officially report sexual assault without fear of reprisals. The aim of the proposed study was to replicate and extend prior findings by utilizing data from the 2012 Workplace and Gender Relations Survey of Active Duty Members (WGRA; Defense Manpower Data Center [DMDC], 2012a).

Method

The 2012 WGRA was designed to assess experiences of gender-related issues, such as sexual harassment and unwanted sexual contact (DMDC, 2012a). Surveys were sent

to 108,478 active duty members of the Army, Navy, Marine Corps, and Air Force. After eliminating nonresponses (73.65%) and incomplete (i.e., completed less than half the survey questions) or ineligible (5.3%) responses, there were a total of 22,792 responses included in this study, for a total response rate of 21.0% (DMDC, 2012a).

Measures

The 2012 WGRA was composed of 94 survey questions; this study used data from three demographic variables and three survey questions (DMDC, 2012a).

Military sexual trauma. To gain a better understanding and describe the prevalence for various forms of MST, the 16 questions that related to MST were separated into one of four categories by the DMDC: (a) crude–offensive behavior, (b) unwanted sexual attention, (c) sexual coercion, and (d) sexist behavior. Participants used a 5-point Likert scale ranging from 1 (*Never*) to 5 (*Very often*) to respond to these questions.

Crude or offensive behavior was defined as verbal or nonverbal behaviors of a sexual nature that were offensive or embarrassing (Cronbach's $\alpha = .90$). An example question was "How often during the past 12 months has someone made offensive remarks about your appearance, body, or sexual activities?" (DMDC, 2012b).

Unwanted sexual attention was defined as attempts to establish an unwanted sexual relationship or to engage in sexually suggestive behavior (Cronbach's $\alpha = .90$). An example question was "How often during the past 12 months have you been touched in a way that made you feel uncomfortable?" (DMDC, 2012b).

Sexual coercion was defined as special treatment or favoritism conditional on sexual cooperation (Cronbach's $\alpha = .92$). An example question was "How often during the past 12 months have you experienced implied faster promotions or better treatment if you were sexually cooperative?" (DMDC, 2012b).

Sexist behavior was defined as verbal and nonverbal behaviors that convey insulting, offensive, or condescending attitudes based on gender (Cronbach's $\alpha = .90$). An example question was "How often during the past 12 months have you been treated 'differently' because of your gender (e.g., mistreated, slighted, or ignored you)?" (DMDC, 2012b).

By using the term *MST*, we are referring to sexual harassment or assault that occurred while the individual was serving on active duty or training. As such, this variable is utilized as a way of excluding reporting of sexual harassment or assault that may have taken place prior to joining the military.

Willingness to report a sexual assault. Willingness to officially report a sexual assault was assessed by the question “To what extent are you willing to report a sexual assault?” (DMDC, 2012b). Participants used a 5-point Likert scale ranging from 1 (*Not at all*) to 5 (*Very large extent*) to respond to this question. *Reporting* was defined as telling an organizational authority member (e.g., supervisor) about MST.

Fear of reprisals. Fear of reprisals was assessed by the question “In your work group, to what extent would you feel free to report a sexual assault without fear of reprisals?” (DMDC, 2012b). Participants used a 5-point Likert scale ranging from 1 (*Not at all*) to 5 (*Very large extent*) to respond to this question, with a low number indicating greater fear of reprisals and a high number indicating little to no fear of reprisals.

Results

Table 1 provides a summary of the demographic information of the participants. Chi-square tests for independence with Yates continuity correction were completed between gender and MST subtypes endorsed (see Table 2). A

Table 1
Demographic Information for 22,792 Participants from 2012 WGRA

Variable	<i>N</i>	%
Gender		
Male	11,237	49.3
Female	11,555	50.7
Military branch of service		
Air Force	4,546	19.9
Army	4,082	17.9
Marine Corps	10,379	45.5
Navy	3,785	16.6
Pay grade		
Enlisted	17,348	76.1
Officer	5,444	23.9

chi-square test for independence with Yates continuity correction indicated a moderately strong significant association between gender and experiencing crude–offensive behavior, $\chi^2(1, N = 22,792) = 1,507.77, p < .001, \phi = .257$. There was also a moderately strong significant association between gender and experiencing unwanted sexual attention, $\chi^2(1, N = 22,792) = 1,689.46, p < .001, \phi = .272$. The results also revealed a small significant association between gender and experiencing sexual coercion, $\chi^2(1, N = 22,792) = 377.57, p < .001, \phi = .129$. There was a strong significant association between gender and experiencing sexist behavior, $\chi^2(1, N = 22,792) = 3,384.46, p < .001, \phi = .385$.

Chi-square tests for independence with Yates continuity correction were also completed between gender and willingness to officially report a sexual assault (see Table 3) and between gender and freedom to officially report a sexual assault without fear of reprisals (see Table 4).

A chi-square test for independence with Yates continuity correction indicated a small significant association between gender and willingness to officially report a sexual assault, $\chi^2(1, N = 22,453) = 574.46, p < .001, \phi = .160$.

A chi-square test for independence with Yates continuity correction indicated a small significant association between gender and freedom to officially report a sexual assault without fear of reprisals, $\chi^2(1, N = 22,546) = 704.17, \phi = .177, p < .001$.

Discussion

The purpose of the present study was to provide gendered prevalence information on self-reported experiences of MST, willingness to officially report a sexual assault, and freedom to officially report a sexual assault without fear of reprisals.

A common misconception held within the military is that MST is a women’s issue (Castro, Kintzle, Schuyler, Lucas, & Warner, 2015). Much of the existing research on MST has focused specifically on women; thus, the results from the current study shed light on male service members’ experiences of MST. The results demonstrated that male service members most frequently disclosed crude–offensive behavior, followed by sexist behavior. Our results mirror the small amount of available literature on male MST, which has stated that men were more likely to experience heterosexist harassment rather than sexual co-

Table 2

Military Sexual Trauma (MST) Subtypes Endorsed by Gender Cross-Tabulation

MST subtype, gender, <i>n</i> , and %	Did not experience	Experienced	Total
Crude–offensive behavior			
Male			
<i>n</i>	9,137	2,100	11,237
% within gender	81.3	18.7	100
Female			
<i>n</i>	6,652	4,903	11,555
% within gender	57.6	42.4	100
Total			
<i>n</i>	15,789	7,003	22,792
% within gender	69.3	30.7	100
Unwanted sexual attention			
Male			
<i>n</i>	10,739	498	11,237
% within gender	95.6	4.4	100
Female			
<i>n</i>	8,857	2,698	11,555
% within gender	76.7	23.3	100
Total			
<i>n</i>	19,596	3,196	22,792
% within gender	86	14	100
Sexual coercion			
Male			
<i>n</i>	11,012	225	11,237
% within gender	98	2	100
Female			
<i>n</i>	10,687	868	11,555
% within gender	88.1	11.9	100
Total			
<i>n</i>	21,699	1,093	22,792
% within gender	95.2	4.8	100
Sexist behavior			
Male			
<i>n</i>	9,696	1,541	11,237
% within gender	86.3	13.7	100
Female			
<i>n</i>	5,817	5,738	11,555
% within gender	50.3	49.7	100

MST subtype, gender, <i>n</i> , and %	Did not experience	Experienced	Total
Total			
<i>n</i>	15,513	7,279	22,792
% within gender	68.1	31.9	100

ercion or unwanted sexual attention (Bell et al., 2014; Magley et al., 1999).

The current study illustrated that female service members most frequently experienced sexist behavior, followed by crude–offensive behavior, which suggests that women were experiencing verbal and nonverbal behaviors that are sexual in nature and are considered to be offensive, embarrassing, insulting, and condescending. These specific forms of sexual harassment may be connected to the overarching military culture that values aggression and masculinity. Consistent with previous literature, women who are in a male-dominant work environment were at increased likelihood of experiencing crude–offensive behavior and sexist behavior (Fitzgerald et al., 1999). Compared to male service members, women were at a much greater likelihood of also experiencing unwanted sexual attention and sexual coercion. The chi-square tests revealed a significant association between gender and all four subtypes of MST; thus, female service members were more likely to experience all four subtypes of MST compared to their male military counterparts.

The current study showed that men endorsed being more willing to officially report a sexual assault compared to female service members. The chi-square test revealed a significant association between gender and willingness to officially report a sexual assault, where female service members were less willing to officially report a sexual assault compared to men. The current study found women endorsed low levels of willingness to report at double the rate of men. This is inconsistent with previous research that has found that men were significantly less likely to file a formal report of MST compared to women (Bell et al., 2014). However, our results do show that a proportion of all service members endorsed that they would be willing to officially report a sexual assault; thus, it appears that policy changes and prevention trainings may be somewhat effective.

Fear of retribution for reporting MST appears to be a significant problem. The results from a chi-square test demonstrated a significant association between gender and freedom

Table 3

Willingness to Officially Report a Sexual Assault by Gender Cross-Tabulation

Gender, <i>n</i> , and %	Low willingness	High willingness	Total
Male			
<i>n</i>	879	10,230	11,109
% within gender	7.9	92.1	100
Female			
<i>n</i>	2,136	9,208	11,344
% within gender	18.8	81.2	100
Total			
<i>n</i>	3,015	19,438	22,453
% within gender	13.4	86.6	100

to report a sexual assault without fear of reprisals, where female service members endorsed higher fear of reprisals at double the rate of male service members. A recent report to the president of the United States on sexual assault prevention and response announced that 62% of female service members who reported MST experienced reprisals (U.S. Department of Defense, 2014). Their experiences were broken down into social retaliation (53%), administrative-adverse action (35%), professional retaliation (32%), and receiving punishment of some form (11%; U.S. Department of Defense, 2014). Future research should investigate the ways in which women's minority status in the military environment may create disparities in fear of reprisals for reporting MST. Potential avenues for exploration include the juxtaposition of rank of the perpetrator and victim as well as fewer women in higher ranking positions. Additionally, future research would benefit from exploring the possible gendered implications of reporting (i.e., reporting as a sign of weakness, turning on one's comrades).

The majority of male service members endorsed low levels of fear of reprisals; however, this is inconsistent with previous literature that posited that fear of retaliation is a concern for men. Rock, Lipari, Cook, and Hale (2010) found that of the 85% of military men who self-reported unwanted sexual contact, 27% did not make a formal report due to fear of retaliation. Previous policies such as "don't ask, don't tell" (ended in 2011), where individuals with the same-sex perpetrators may have feared being discharged for accusations of engaging in homosexual activity, may explain the discrepancy between historical

findings and results from the current study (Bell et al., 2014; Bumiller, 2011; Hoyt, Rielage, & Williams, 2011). This discrepancy may also be explained by the selective aspects of this sample. There has been an abundance of research on factors that hinder reporting; however, future research would benefit from exploring factors that promote and enhance reporting of MST.

Limitations

Our results may not be generalizable to the entire military population, because the 2012 WGRA yielded a 21.0% response rate (DMDC, 2012a). Thus, the participants who did not respond to this survey could have differed from those who did respond in meaningful ways, which may have changed the results of this study. The sample may not be representative of the entire military population demographics, because the respondents were disproportionately represented in some military branches (e.g., Marine Corps) and women were oversampled and overrepresented. Race-ethnicity was missing from the publicly available data set, which precludes the ability to explore other potential areas of bias. Due to the self-report nature of this survey, it is possible that the participants under- or overreported their experiences of MST or answered questions in a socially desirable manner.

Conclusion

Dissimilar from combat or unexpected enemy actions, MST is a preventable occupational hazard. The current study examined gendered experiences of MST, willingness to officially report sexual assault, and freedom to

Table 4

Freedom to Officially Report a Sexual Assault Without Fear of Reprisals by Gender Cross-Tabulation

Gender, <i>n</i> , and %	High fear of reprisals	Low fear of reprisals	Total
Male			
<i>n</i>	1,664	9,485	11,149
% within gender	14.9	85.1	100
Female			
<i>n</i>	3,381	8,016	11,397
% within gender	29.7	70.3	100
Total			
<i>n</i>	5,045	17,501	22,546
% within gender	22.4	77.6	100

officially report a sexual assault without fear of reprisals. Our results and previous literature have revealed that generations of veterans and active duty service members have been exposed to MST. Policy changes that are tailored to reducing the fear of and experience of reprisals following a report of MST may increase willingness to report, particularly for women.

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The Future of Division 19

Mark A. Staal

President-Elect, Division 19

The incoming president of the American Psychological Association (APA), Jessica Henderson Daniel, has made diversity one of her main initiatives, truly a worthy topic. I will be doing the same but with a twist. One of the greatest strengths of military psychology is its diversity . . . of practice. We are a home to clinicians, academicians, researchers, applied behavioral scientists, organizational consultants, and many others. In fact, I believe Division 19 (Society for Military Psychology) is the most diverse, in terms of practice domains, among all APA divisions.

Diversity, as the hallmark for our brand, is based on our heritage. It was former APA President Robert Yerkes who, in 1917 after witnessing the application of various hard sciences to the military in World War I, commissioned several committees to examine the potential role of psychology in the nation's defense (Capshe, 1999). The content of these committees included subjects such as personnel assessment and selection, human performance and aviation, the development of propaganda to use against the enemy, the study of truthfulness and detecting deception, and others. The irony should not be lost on any of our members that such an effort took place at the direction of the APA president himself 100 years ago. An effort that if directed by that office today . . . well . . . I think you know where I am going here.

The role of psychologists supporting the military expanded dramatically during World War II (WWII). Psychologists became an integral part of addressing issues concerning ergonomics and human factors, work productivity, personnel screening, testing and evaluation, instruction and military training, operational support, and of course clinical health care. With the explosion of veterans' mental health needs following WWII and a need for continued support through the Korean and Vietnam conflicts, clinicians remained in great demand. This need included a call for field and/or combat theater support that could be filled by only uniformed psychologists. Given the expeditionary nature of our military forces and the clinical and

operational value in providing care to members in the theater (as opposed to pulling them away from their units), the requirement for uniformed military psychologists was quickly validated. The events of 9/11 resulted in an expansion in the special operations and intelligence communities. At the same time, there was an increased need for psychologists to help address various national security challenges. Operational psychology emerged to assist in these challenges and provided psychological support to many different military operations (similar to those considered a century ago by then-APA President Robert Yerkes).

Our history reveals that the face of military psychology is diverse and has been increasingly so since its inception. It is that diversity that I would like us to celebrate in the coming year. The following sections discuss areas that will be prominently featured by Division 19 and military psychology in 2018.

Innovative Practice and Application

Military psychology is a microcosm of psychology in its many forms—none more apparent, however, than in its applied domains. When I first became a military psychologist, talk of telepsychology was new (Al Gore had not yet invented the Internet). Today, even the use of apps for heart rate variability in managing stress and performance are passé. Some of the opportunities facing military psychology include (a) human-factor challenges to unmanned aerial vehicle (UAV) operators as they train for distributed decision-making and simultaneously fly multiple UAVs across a battlefield, (b) the treatment of posttraumatic stress disorder using high-definition virtual reality simulators to recreate battlefield events, and (c) the use of highly advanced predictive modeling software to identify biomarkers in individual recruits in an attempt to predict potential success years in advance. I encourage our members to push the boundaries of their practice and expand service delivery to novel domains and innovative practices.

Branding Across Platforms

Military psychology needs to push its brand across more platforms and venues. Our value proposition is strong but not always adequately articulated and often poorly marketed. Recently, we added what is now a standing committee to the society (the Communications Committee). Social media, the blogosphere, and other electronic mechanisms have become the coin of the realm in terms of communication and outreach between divisions and their members. We have taken additional steps to better advertise our brand, recently employing militarypsych.org in addition to our traditional APA–Division 19 nomenclature. As the flagship organization for military psychology in this country, our society should be synonymous with our specialty. We should be easy to find, easy to recognize, and compelling to those interested in our practice domain. I ask that our members seek out contemporary avenues and emerging technologies to push our brand and capabilities.

Diversity of Practice Domains

Military psychology embraces psychological services related to both health-care and non-health-care issues. Our practitioners employ applications of social, experimental, industrial, organizational, operational, systems engineering, and clinical–counseling psychology, just to name a few. Military psychologists consist of uniformed members of all branches of service as well as civilians employed by the Department of Defense and others working in the private sector who support military programs. Finally, some military psychologists are traditional academics and researchers who, by virtue of their research and instructional focus, define themselves as military psychologists. We welcome applications of psychology that support all aspects of veterans, military, government, national security, law enforcement, and public safety arenas.

Operational Psychology Practice Guidelines

Operational psychology is a specialty area that applies behavioral science principles through the use of consultation to enable key decision makers to more effectively understand, develop, and influence an individual, group, or organization to accomplish tactical, operational, or strategic objectives within the domain of national security or national defense. This is a relatively new subdiscipline that has largely employed psychologists and behavioral scientists in military, intelligence, and law enforcement arenas (although other areas of public safety employ psychologists in this capacity

as well). Although psychology has been used in non-health-related fields for many decades, recent years have seen an increased focus on its national security applications. As many of you are aware, operational psychology has been under increased scrutiny due to allegations of unethical conduct by some practitioners supporting military and law enforcement interrogations (just one of the many operational support activities provided by this specialty). As a result, a small group of human rights activists have raised concerns about the ethics of such practice and have gone so far as to draft ethics-related practice guidelines for operational psychology (known as the Brookline Principles; Ethics of Operational Psychology Workshop, 2015). Considering such extraordinary events, many practitioners of operational psychology agree that it is time to draft our own practice guidelines. This is an important step in professionalizing and maturing the discipline. I welcome those interested in participating in this process and would encourage others to support this effort.

Infringement of Free Trade Practices

The APA’s “independent review” (better known as the Hoffman Report; Hoffman et al., 2015) resulted in an unfair infringement of many of our members’ practice domain. APA leadership took the unprecedented step of prohibiting psychologists from practicing their specialty based on its location (“national security interrogations”) and not based on an identified unethical behavior (e.g., supporting torture or illegal detention). Although public sector law enforcement psychologists may continue to provide consultation to personnel operating in civilian detention facilities, military psychologists may not provide a similar service in all military facilities. They are furthermore prohibited from providing even mental health care to detainees, a basic human right guaranteed by Article III of the Geneva Conventions (United Nations, 1949). The reasons for this prohibition have been cloaked in words like *Miranda* and *constitutional rights*; however, for those who have examined military judicial procedures concerning U.S. detention policies, the similarities between such facilities and their treatment of detainees greatly outweigh their differences.

APA policy prohibiting psychologists from being present or supporting any national security or defense-related interrogation or detention operation is inappropriate and demonstrates a troubling overreach of authorities by the association. Federal antitrust laws (the Sherman and Clayton Acts; Federal Trade Commission, 1914) and the trade regulation statutes

(the Federal Trade Commission Act; 1914) promote open and fair competition among all professions and trades (to include psychology). The APA's legal counsel has determined that the Council of Representatives (COR) should not prohibit or restrict psychological practice by physical setting or location. Therefore, any infringement on the free trade or service delivery of psychological services (by setting and not behavior) is in violation of APA legal guidance and may also be in violation of federal antitrust laws. We welcome those who would support the return of these services, and we seek to enable voices that encourage free and open trade for our practitioners in all areas of ethical practice.

I know there are many other topics that are important to our members, and I assure you that these are not the only issues that will receive attention in the coming year. Military psychology is growing and pushing into new and emerging areas. After examining and listening to the many posters and papers delivered by our students at the APA, it's clear that we are also attracting some of the brightest minds among the nation's graduate schools. We have an exciting year ahead of us. Let's make the most of it!

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Half a League, Half a League, Half a League Onward

Pat DeLeon

The Department of Veterans Affairs (VA) recently highlighted September as Suicide Prevention Month. VA Secretary David Shulkin stated:

We *know* that in 2014, an average of 20 Veterans a day died in this country from suicide, which is 20 too many. This is a national public health crisis requiring a national public health approach. When it comes to preventing Veteran suicide, VA can't—and should not—do this alone. (U.S. Department of Veteran Affairs, 2016)

This pronouncement, which Ken Pope thoughtfully shared with us, stressed the VA's commitment to increasing the number of veterans and providers connecting through its Telemental Health services, as well as the number of its partnerships, including a national network of volunteer professionals at Give an Hour, in order to expand the availability of community-based mental health services for veteran and military communities. The VA further noted that it will continue working with the Department of Defense to identify at-risk service members and enroll them in VA care and engage them through community programs before they transition out of the military. Barbara Van Dahlen, president of Give an Hour, will be hosting a special interview with Secretary Shulkin on Sirius XM radio, honoring the VA's role in changing the culture of mental health during September.

During the period leading up to our inspirational 125th American Psychological Association (APA) annual convention, I had the opportunity to attend a meeting of the Association of VA Psychology Leaders, conducted under the stewardship of Russell Lemle, where those present actively addressed these issues and psychology's potential contributions. I would have hoped that Division 19's leadership would have been present, because a number of your members will someday be providing or receiving care through the VA. There is a unique military culture that should definitely be represented throughout the VA's psychology and nursing corps, which employs (and is a major trainer of) more members of these professions than is any other organization in the nation.

We have been particularly pleased with the flexibility that Give an Hour has demonstrated in adjusting to “changing times.” Their successful model is now being expanded to address the mental health concerns of other populations who also clearly are in need—including at-risk teens, at-risk seniors, survivors of gun violence, and victims of human trafficking. Give an Hour offers psychologists, psychiatric nurse practitioners, and other mental health professionals the opportunity to join their network in order to respond to natural and man-made disasters. Give an Hour has opened its network in response to the trauma in Charlottesville, Virginia, and most recently is now partnering with the Red Cross to respond to the unprecedented devastation on the Gulf Coast as a result of Hurricane Harvey.

From a broader policy perspective, health care in the United States is dramatically changing, as is the federal government's approach to its historical clinical delivery and training responsibilities. Health care providers serving in the military should appreciate the significance of the fact that, along with VA Secretary David Shulkin, U.S. Army Surgeon General Nadja West, the highest ranking woman to graduate from the U.S. Military Academy, is also actively attempting to reshape military (i.e., federal) health care delivery by creating a culture of innovation and shifting the historical mind-set that treatment can be provided only in a clinic. Two of her expressed priorities are (a) better access to behavioral health, that is, embedded behavioral health specialists and more virtual appointments to make it easier for soldiers and their families to get needed care more quickly and discreetly, and (b) telehealth, that is, making virtual medical appointments become more commonplace as the Army ramps up its ability to deliver care at home with new equipment and training for care givers. Her underlying expressed goal is to build a “premier, expeditionary, globally integrated medical force.”

As interim CEO, Cynthia Belar established the APA Office of Director of Military and Veterans Health Policy and appointed Heather O'Beirne Kelly, who has worked for APA for 19 years, as its first director. The administrative

and legislative agendas of colleagues serving within these two federal agencies have considerable overlap; for example, providing visionary leadership in the training of the next generation of psychology's clinicians to provide quality psychopharmacological (RxP) integrated care. Both departments have long possessed the clinical expertise and clinical placements necessary to develop cutting-edge, quality training initiatives. From my discussions with students at the Uniformed Services University and during our annual conventions, many of our next generation desire to obtain this clinical skill—which former APA President Ron Fox and current President Tony Puente have always appreciated. Why is it, regardless of professional discipline, that those who have obtained positions of leadership (and perhaps authority) often seem to be the most difficult to convince that change is inevitable?

On August 15, 2017, for the second time a governor of the State of Oregon vetoed the Oregon Psychological Association RxP legislation. Several decades ago, U.S. Navy pioneers Morgan Sammons and John Sexton demonstrated that psychology could provide quality clinical psycho-

pharmacological care, notwithstanding the “public health hazard” arguments of organized medicine. Gov. Kate Brown expressed concern “related to patient safety and ensuring appropriate prescribing” has been addressed for over two decades. Our sincerest appreciation to Robin Henderson and her colleagues for continuing their quest on behalf of the citizens of Oregon, the “noble six hundred”! Aloha!

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Spotlight on History

Paul A. Gade, PhD

The history committee is still working diligently to develop biographies of our past presidents. Many past presidents have already been approached about providing biographies, and 10 have already done so. I appeal to all past presidents to submit a picture and a biography or at least help one of us to develop your biography. We are also in need of writers to develop biographies of deceased past presidents. We need pictures for them as well.

As promised, this fall's Spotlight on History features a marvelous profile by Dr. David Segal of another famous military sociologist, Morris Janowitz, who has had a major impact on military psychology and military sociology. David Segal has been a long-time, productive member of the Society for Military Psychology, having received both the society's Yerkes and Uhlaner Awards for his research and substantial contributions to military psychology. As a former student of Dr. Janowitz's at the University of Chicago, David provides us with a unique look at Dr. Janowitz's career and contributions. Dr. Janowitz's book, *The Professional Soldier*, has been essential reading for military officers for more than five decades, and Simon and Schuster has ensured its continued relevance and availability by republishing the book this past July.

—Paul A. Gade, Editor
Spotlight on History

Profile: Morris Janowitz

David R. Segal

Morris Janowitz is probably best known to military psychologists for his book *The Professional Soldier* (Janowitz, 2017/1960) and for his article with Edward Shils titled "Cohesion and Disintegration in the Wehrmacht in World War II" (Shils & Janowitz, 1948). Shils had been an analyst with the Office of Strategic Services (OSS; a forerunner of the Central Intelligence Agency). *The Professional Soldier* is one of the cornerstone documents of the field of military sociology, of which Janowitz was a founder. "Cohesion and Disintegration" is frequently cited as one of the seminal World War II studies of military cohesion, although its findings tend to be misremembered (Segal & Kestnbaum, 2002). Nonetheless, the article reflected Janowitz's involvement in the field of psychological operations,



Dr. Morris Janowitz
Photo Courtesy of Rebecca Janowitz

dating to his prewar employment and World War II military service, prior to his becoming a sociologist. During that period, Janowitz met Gwyn Harries-Jenkins, a Royal Air Force officer who also became a military sociologist as well as a close colleague after the war and was to become a major figure in British (and international) military sociology.

Janowitz was born in Patterson, New Jersey, in 1919 and graduated from Patterson East Side High School. He earned a bachelor's degree from Washington Square College of New York University in 1941, majoring in economics. Two perspectives from his

mentors there are reflected in his subsequent work. Bruce Lannes Smith, who had been a student of political psychologist Harold D. Lasswell's, introduced Janowitz to

psychoanalytic theory. Sidney Hook, who had studied with psychologist and philosopher John Dewey, exposed Janowitz to Dewey's pragmatism and concern with democracy. Lasswell's thinking when he was a graduate student at the University of Chicago had also been influenced by Dewey.

After graduation, Janowitz worked for the Library of Congress on a war communication project directed by Lasswell and for the Special War Policies Unit of the Department of Justice, analyzing German propaganda. He was drafted into the Army in 1943 and joined the Research and Analysis Branch of the OSS. Assigned to the Psychological Warfare Division, Supreme Headquarters, Allied Expeditionary Forces, in London, he continued his work on German communications and propaganda. He once told me that his major duty there had been to analyze the content of transcripts of the German propaganda broadcasts of the previous 24 hours and prepare a one-paragraph summary for the Supreme Allied Commander, Gen. Dwight D. Eisenhower. On June 30, 1944, he was in the second basement of a building in London reviewing German radio broadcasts. He had noted, he told me, that the Germans had made no mention of the V-1 rocket during the previous day, when the building was hit by a V-1 rocket. The explosion blew him away from his desk, shattered his glasses, and injured his leg. He was awarded the Purple Heart.

After the Normandy invasion, as the war progressed, his activities were moved from London to the OSS offices in Paris. As the Allied Forces advanced, his analyses focused on how to encourage German soldiers to surrender, and he began to recommend long-term considerations in psychological operations to support the pending occupation and de-Nazification of Germany. Part of his research, based on the interrogation of German prisoners of war, was to determine the degree to which commitment to the National Socialist cause was a factor in their continued fighting after it was clear that Germany would lose the war (Shils & Janowitz, 1948). As a result of his analytic contributions, he received a field commission to 2nd lieutenant and a Bronze Star Medal for Meritorious Service prior to his discharge in 1945. He then worked as a temporary civilian analyst for the OSS until January 1946.

Janowitz credited his wartime experience with his decision to become a sociologist and with his focus on social

control, social change, and relationships among social institutions. These concepts were central to his writings throughout his career.

Janowitz often told his family that Shils had said to him, "When the war ends, you must come to Chicago," and that he took this as a directive, not an option. In 1946, Shils returned to the University of Chicago faculty position he had held before the war, and Janowitz matriculated at Chicago as a graduate student. He was appointed an instructor in sociology; wrote a doctoral dissertation titled *Mobility, Subjective Deprivation, and Ethnic Hostility*; and was promoted to assistant professor in 1948 on completion of his PhD.

In 1951 Janowitz became a professor of sociology at the University of Michigan, where he spent a productive decade in terms of both psychological operations and conventional academic activities. He served as a consultant to the Johns Hopkins University Operations Research Office developing a series of psychological warfare studies in support of professionalizing the development and training of psychological warfare personnel. Among the products of this program was *A Psychological Warfare Casebook* (Daugherty & Janowitz, 1958), which is the most cited reference in psychological warfare, psychological operations, and propaganda studies. It was also the basis of Department of the Army Pamphlet 525-7-1, *The Art and Science of Psychological Operations*. These documents are regarded as foundational by the psychological operations community. From 1956 to 1983 he was an advisor to the Office of the Assistant Secretary of Defense for Research and Analysis in support of Special Operations and to the United States Information Agency, as well as a member of the U.S. Arms Control and Disarmament Agency Advisory Board on Social Sciences.

In 1953, with support from the University of Michigan, Janowitz invited a small interdisciplinary group of scholars who studied the military to Ann Arbor for a seminar to discuss their own current and future research on the armed forces. A second meeting was held later in the 1950s, and in 1959 Janowitz sent a proposal to the Russell Sage Foundation to fund a small group of sociologists from several universities who were doing research on the military establishment and who would meet for a few days twice a year to discuss their research (Burk, 1993). Much of the post-World War II research on the military was

funded by such foundations (see, e.g., Segal, 2017). The Sage Foundation had previously supported and published Janowitz's (1959) monograph *Sociology and the Military Establishment*. The proposal was funded, and the first official meeting of the Inter-University Seminar on Armed Forces & Society (IUS) was held in Ann Arbor in February 1961, with seven participants presenting papers. The Sage Foundation continued to fund IUS through 1972. The Ford Foundation then funded IUS into the 1990s.

Foundations were not the only source of support that Janowitz tapped for the activities of the IUS. The armed forces, recognizing the contributions of behavioral science, participated as well. This included Air Force support for a project that produced *A Handbook of Military Institutions* (Little, 1971) and, in the mid-1970s, support from the Army Research Institute for the Behavioral and Social Sciences (ARI), for a conference on the social psychology of military service (Goldman & Segal, 1976). Janowitz participated in a plenary panel at this conference, along with Julius Uhlaner, then technical director of ARI and chief psychologist of the U.S. Army, and Lt. General Robert Gard, then president of the National Defense University.

Janowitz also supported his continuing study of the military with a Fulbright Fellowship in 1954 and a fellowship at the Center for Advanced Study in the Behavioral Sciences in 1958, where he finished writing *The Professional Soldier*. This multimethod study was based on content analysis of documents, biographies of 760 generals and admirals, a survey of more than 500 officers assigned to the Pentagon, and interviews with over 100 high-level officers (Janowitz, 1960/2017). This book documented who the military elites were, what they believed, and what they did. It also confronted three central and interrelated questions regarding civil-military and international relations: how civilian control of the military is maintained while allowing sufficient military autonomy necessary for mission effectiveness; what the political consequences of military conduct are; and how the use of force by the military can be minimized in the interest of maintaining viable international relations. *The Professional Soldier* has served as one of the foundations of research in many nations on the changing military profession for more than a half-century. This includes a currently ongoing project concerned with developing a culture- and gender-inclusive model of the military profession being undertaken by a

multinational NATO research task group, reflecting both the increasing diversity of modern military forces and the nature of 21st-century military operations, frequently involving coalition forces in the context of non-Western cultures.

The American military rapidly embraced *The Professional Soldier*. When I began doing research on the Army in the 1960s as a civilian academic who had never served, my most important credentials were that I had been a student of Janowitz's at Chicago and had followed him on the University of Michigan faculty. When I conducted desk-side interviews with military personnel, as often as not, officers would point out Janowitz's book on their professional readings bookshelves. Although Janowitz had intended his study to define the social role of the military officer, midcareer officers were likely to see it as a career management manual. After all, he had studied senior military leaders and documented the routes that led them to their positions.

In 1962, Janowitz returned to the University of Chicago as a professor. In addition to the civilian graduate students who studied political sociology and military sociology under his guidance, Col. Sam Hays, and subsequently Col. Harry Buckley, the directors of the Office of Military Psychology and Leadership (MP&L) at West Point, began to send midcareer Army officers to study with him before assuming duties as leadership instructors at the military academy. Janowitz had a continuing relationship with MP&L and with its successors, the Office of Military Leadership (OML; 1974–1977) and the Department of Behavioral Sciences and Leadership (BS&L; 1977) at West Point. On January 29, 1976, he was awarded the Department of the Army Medal for Distinguished Civilian Service for his longstanding contributions to the department.

The decade of the 1960s was punctuated by opposition to the Vietnam War and to the system of selective military conscription that provided much of the manpower for that war. Janowitz was involved in the debates on ending conscription in favor of an all-volunteer military force. He was an advocate for a system that embedded military service as one option in a broader program of national service. He worried that substituting labor market dynamics for the draft would place the burden of defending the nation disproportionately on the shoulders of the econom-

ically disadvantaged and decouple citizenship from the service obligations that it had involved (Janowitz, 1967). He bemoaned the fact that discussions of ending the draft did not draw on the research of IUS scholars but instead focused on labor economics. After the end of conscription, he continued to monitor the social composition of the military (Janowitz & Moskos, 1974; Janowitz & Moskos, 1979).

The IUS continued to hold annual or biennial meetings, with Janowitz as chairman until 1982. In 1964 the IUS published a collection of papers that had been presented at early meetings (Janowitz, 1964). This volume was the first in a series of anthologies that reflected the work of IUS fellows. Several significant changes in its structure occurred during its first two decades. Most dramatically, it grew from a small seminar into a learned society, although with a far less bureaucratic structure than most professional organizations. By the late 1960s it had more than 60 members and now counts about 700, who are still referred to as Fellows. Second, the IUS intentionally became increasingly interdisciplinary. Indeed, some of the early proposals to foundations explicitly called for the inclusion of military psychologists. Third, it became academically less insular. By the late 1960s, less than one quarter of the participants in IUS meetings at the University of Chicago were academics. More than half were employed by the armed forces. Fourth, many of the participants from the armed forces were uniformed military personnel, including officers who were to serve, or had served, in West Point's OML. Thus, during the Vietnam War period, the IUS became a venue for interaction between civilian scholars and officers, as well as for enhancing recognition of the potential contributions of the behavioral sciences to the military. From early in the IUS's history, Janowitz had proposed bringing uniformed officers into its fold.

Janowitz's organizational activities extended beyond the United States. In July 1964, he convened in London the first conference of American and Western European scholars who studied military institutions, to provide a basis for international comparison. Two years later, at the VI World Congress of the International Sociological Association (ISA) in Evian, France, he convened a working group of about 70 scholars—representing the United States, Western and Eastern Europe, the Soviet Union, South America, and the Far East—to address “Militarism and the Professional Military Man.” By the VII World Congress of ISA,

in Varna, Bulgaria, in 1970, this group had evolved into the ISA Research Committee on Armed Forces and Society, with Janowitz as chairman. One of the legacies of Janowitz's international activities is that in the 1980s and 1990s, the ARI supported a project directed by Harries-Jenkins bringing together a group of European ISA members to compare research findings regarding military personnel issues common to Western democratic nations (e.g., Harries-Jenkins, 1998).

In 1967, Janowitz was appointed chair of the Sociology Department at Chicago. The department had been one of the major centers of academic sociology since its establishment in 1892 but was seen by some as being in decline. Janowitz sought to rebuild the department by hiring more diverse faculty members from different fields and by encouraging multiple theoretical perspectives and methodological approaches (both qualitative and quantitative). He also initiated the Heritage of Sociology book series, through which he sought to recapture the intellectual heritage of the department and the several “Chicago Schools of Sociology.” This 40-volume series included the influence of pragmatic philosophy and social psychology in the work of John Dewey (Burke, 1994) and George Herbert Mead (Strauss, 1964).

In 1974, the IUS began publishing a professional journal, *Armed Forces & Society*, with Janowitz as its first editor, a position he held for a decade. The journal is international and interdisciplinary. Although most of its content reflects sociology or political science, of the 41 volumes published through 2015, about 6% of its articles had been authored by psychologists (Sookermany, Sand, & Ender, 2017).

Janowitz completed his 5-year term as chair of the Chicago Sociology Department in 1972 and was appointed Pitt Professor of American History and Institutions, a prestigious visiting chair, at Peterhouse, Cambridge University. After his chairmanship, he focused on his academic writing and published a trilogy of books between 1976 and 1983: *Social Control of the Welfare State* (Janowitz, 1976), *The Last Half-Century* (Janowitz, 1979), and *The Reconstruction of Patriotism* (Janowitz, 1983). In 1986, he was selected as the first incumbent of the S.L.A. Marshall Chair at the ARI.

Morris Janowitz retired from the University of Chicago in 1987. He died on November 7, 1988, of Parkinson's

disease, which he had been battling for over a decade. He is buried at the Fort Sheridan, Illinois, Army Cemetery.

In 2005, the IUS established in his honor the Morris Janowitz Career Achievement Award, granted to a limited number of senior scholars whose careers demonstrate excellence in the study of the armed forces and society and important service to the discipline. All of the recipients to date had been influenced by Janowitz. Several had been graduate students at Chicago. And their students, in turn, have begun to assume leadership positions in the field. Many of these regard themselves as second-generation Janowitz students.

On May 29, 2015, at the John F. Kennedy Special Warfare Center and School, Fort Bragg, North Carolina, on the 50th anniversary of the center, Morris Janowitz was inducted posthumously as an honorary member of the Psychological Operations Regiment.

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Spotlight on Research

Welcome to the Spotlight on Research Column! This column showcases research activities and projects underway in many of the research laboratories within DoD, partnering organizations, and the academic and practitioner community in military psychology. Research featured in the column includes a wide variety of studies and programs, ranging from preliminary findings on single studies to more substantive summaries of programmatic efforts on targeted research topics. Research described in the column is inclusive of all disciplines relevant to military psychology—spanning the entire spectrum of psychology including clinical and experimental, as well as basic and applied. If you would like your work to be showcased in this column, please contact Colleen Varga at colleen.varga.1@us.af.mil.

This edition of the newsletter spotlights an area of psychology that is ripe for study. In the past few years, the demand for embedded psychological resources among special operations units has skyrocketed. This demand has stemmed from multiple factors, not least of which is an attempt to increase the likelihood that military members in high-risk and high ops tempo careers are getting care that they need when they need it and where they need it. This model embodies the therapeutic tenet of “meeting the client where they are at,” both literally and figuratively. The present article discusses the potential roles an embedded psychologist can fill, the characteristics that enable psychologists to be successful in this role, and the challenges associated with working in an embedded context.

Embedded Psychological Resources: A Model for Enhancing Individual and Organizational Resiliency

James A. Young, Chad E. Morrow, Mark A. Taylor, Jeffery J. Peterson, and Tatiana M. Soria

Research Overview

The military has a long history of utilizing psychologists and psychological principles to bolster the resiliency of troops and strengthen the organizations to which they belong (Laurence & Mathews, 2012; Mathews, 2014). In fact, active duty military members have grown to expect easy access to psychological care both in garrison and in the deployed environment. Military members can easily find a clinic or hospital with a full array of mental health specialties such as psychiatry, psychology, and social work on most military installations. With such easy access, why do they often choose not to utilize these resources? Rather, they frequently elect to struggle in silence with a variety of psychological issues.

As long as there have been available resources to help with psychological issues, there has been a corresponding stigma associated with utilizing this support (Hoge, 2010; Hoge et al., 2004). Having identified stigma as a significant barrier to receiving adequate care, the military has aggressively sought creative alternatives to decrease this

stigma, with the ultimate goal of connecting all military personnel with the help they may need.

One such approach has been to embed psychological resources in primary care clinics, as it is the location where much of the behavioral health care takes place. Some estimates suggest that about half of all mental health care will be accomplished by primary care providers (Robinson & Reiter, 2007). Another tactic has been to make resources readily available in the community near the military installation, for example, through programs such as Military One Source. This option for off-base care is appealing for some military members as their concerns about career impact are too weighty for them to feel comfortable seeking care on the installation where they work.

Another attempt to increase access is to place Military Family Life Counselors (MFLCs) on military installations, but external to clinics or hospitals. While MFLCs, most typically Masters level clinicians, retain the requirement to report certain issues such as suicidality, homicidality, and

domestic violence, they are allowed to offer “non-medical counseling” without a requirement to document the session. This absence of documentation puts many military members at ease with regard to career limiting implications (e.g., flying status, security clearances, etc.) because concerns about confidentiality are mitigated (Hoyt, 2013).

Problem Statement

Utilizing an approach farther removed from the traditional Mental Health model, the military has increasingly embedded psychological resources directly into the units where the military men and women work, such as Special Operations units; Remotely Piloted Aircraft organizations; Basic Military Training; Survival, Evasion, Resistance, and Escape training units; and Intelligence, Surveillance, and Reconnaissance units. Within this model, rather than going to another location on the military installation or somewhere in town, the military member receives support at the location where he or she works. Similar embedded models, albeit nonpsychological, have been utilized extensively in the military (e.g., chaplains, flight surgeons, independent duty medical technicians, etc.). There are many potential advantages and disadvantages of this model. Some of the advantages include easy access to psychological resources, greater potential for rapport because of familiarity, and the psychologist’s increased awareness of the work conditions associated with that person’s career field. Embedding these resources directly into the units will increase the frequency of nonthreatening contact and decrease stigma, thereby increasing the probability military personnel will feel comfortable asking for help before issues become unmanageable. Potential disadvantages might include loss of objectivity in dealing with unit members’ psychological problems, loss of professional identity, and a gradual drift from standards of practice and ethics.

Early indications suggest that military leaders see value in the embedded model. For example, Brigadier General Robert Armfield states, “Psychologists equip the operators with the mental skills to dominate the enemy on the battlefield, maintain high levels of psychological health throughout a career of brutal enemy engagements and thrive at home as they/their families cope with the reality of years of non-stop wartime deployments. . . . The key to the success of this special tactics model is the embedded nature of the work they do” (Armfield, 2015). Another

military leader, Colonel William Fischer, says the following about embedded psychologists within his organization: “The embedded psychologists in the 737 Training Group are directly impacting the quality of the Airmen entering the Air Force because they help ensure the professionalism of the training environment and our instructors.” He also states, “In the end, the embedded model of psychological and mental health support works. It not only provides oversight in mission execution and instructor effectiveness, but it also provides strategic insights to leaders when selecting instructors and revising policy” (Fischer, 2016).

We do not believe that all organizations are in need of embedded psychological support; rather, particular types of organizations are more likely to benefit from an embedded provider, in part because of the low probability its members will seek mental health care when offered solely in a traditional clinical setting. Often such organizations’ members are held to more stringent physical and psychological standards such as with special operations forces, aircrew, law enforcement, fire department, and intelligence communities; therefore, they may feel that they have a lot to lose by exposing themselves to what is often viewed as a mysterious mental health system. Individuals from these types of organizations are generally reluctant to see providers who are not familiar with the unit’s mission or who do not appreciate how the need for psychological treatment is perceived by the group’s members.

In the following sections we will briefly explore the following issues related to the embedded model: (1) roles an embedded psychologist might fill; (2) qualities of psychologists who might do well in this environment; and (3) unique challenges associated with working in this context. Additionally, we will offer a few general recommendations for successfully embedding psychologists within an organization.

Focus and Approach

Potential roles. An overarching goal of embedding a psychologist in any organization is to optimize mission performance and enhance the resiliency of its members (Williams & Johnson, 2006). To achieve this, the embedded psychologist will employ a variety of tools to meet the commander’s intent and unit members’ needs. We believe Gardner and Moore’s (2005) Multilevel Classification System for Sport Psychology (MCS-SP) offers a good

analog for how an embedded military provider can organize his or her activities. This model suggests the following four areas for sport psychologists to focus their activities: Performance Development (PD)—focuses solely on improving athletic performance; Performance Dysfunction (PDy)—emphasizes alleviating minor to mild psychological impairments to performance; Performance Impairment (PI)—focuses on treatment of clinical issues; and Performance Termination (PT)—addresses any issues related to termination of sporting activity. Borrowing from and modifying this multitiered model, we propose that engagement with the client (e.g., commander or active duty service member) would occur mostly in the following areas: (1) Performance Development/Enhancement; (2) Consultation; (3) Treatment, and (4) Transition Support.

Performance Development and Enhancement activities seek to improve individual and organizational performance and maintain high levels of resiliency throughout the unit. Examples of activities that fall within this category are personnel selection, performance enhancement interventions (e.g., helping someone learn and utilize controlled breathing to maximize success in a challenging course or event), and stress inoculation training (i.e., within the context of a deliberate stress inoculation program).

Consultation with individuals would focus on the following types of issues: minor sleep difficulties (e.g., jet lag), increased hypervigilance/arousal, and relationship difficulties. The role of the embedded psychologist in this domain would be to provide psycho-education and recommendations on commonly occurring issues. Organizational consultation might be focused on issues such as operational tempo, work–rest cycle, morale, and so forth

Treatment is most similar to what one would find in the traditional mental health setting and, as such, has the goal of resolving clinical issues that directly impact performance and quality of life. This activity is similar to tertiary care; therefore, it is associated with documentation. Because of the established rapport, one might expect greater treatment compliance and improved treatment outcomes.

Transition Support has the primary goal of ensuring the unit member's success in his or her transition to civilian life or another unit. This level of engagement addresses any of the normal psychological factors associated with a life transition. The focus is specific to the person and situation and could include discussions related to purpose,

career/mission changes, and future goals. Again, we believe that an embedded provider may be in an ideal position to help with transition issues, in part because of their familiarity with the service member's current job/roles and unique challenges.

Qualities of psychologists. Several personal and professional qualities are important to consider for successful placement of psychologists within operational units. Training, Personality and Perspective are just a few such issues.

Training. Successful psychologists will have a strong experience base in clinical applications, such as knowledge of psychopathology, diagnostic ability, and treatment application (Staal & Stephenson, 2006). The possession of a strong clinical foundation allows the psychologist to recognize the distinction between relatively minor disruptions in functioning and those symptoms that require more intensive treatment. Additionally, robust clinical experience allows the psychologist to effectively educate the unit member and the commander on the treatment process and expected outcomes.

Personality. The concept of “personality fit” refers to the ability of the psychologist to reflect the unit's culture to such a degree as to be able to build relationships with its members and command in order to effectively apply behavioral science skills and knowledge. Thus, no particular personality profile will always produce success in an embedded position since different organizations possess unique cultures. In general, the embedded psychologist would be adept at managing stress and uncertainty effectively and building social connections, and possess a strong motivation for success.

Perspective. This refers to how the psychologist views the unit, its members, and his or her role within the unit. Psychologists provide a specific skill set beneficial to the unit, and it is important to remember what that function is. While it may be appropriate to participate in many of the unit training activities in an effort to gain a greater understanding of the mission and unique stressors, it is equally important to not lose focus on the role of the psychologist by overidentifying with the operational members.

Unique Challenges of the Embedded Psychologist

Overcoming stigma. The stigma of seeking mental health care by military members is well-established (Acosta et

al., 2014; Britt et al., 2008; Britt, Jennings, Cheung, Pury, & Zinzow, 2015). This is promulgated in part by rumors, myths, and partial truths—particularly with respect to concerns about confidentiality and negative career repercussions resulting from mental health care and medical documentation. Military members are apprehensive about seeking mental health treatment because of potential career limiting outcomes (e.g., loss of security clearance, duty restrictions, termination of military service). As a consequence, military members access care at a rate lower than may be indicated by need (Mental Health Advisory Team [MHAT]-V, 2008, as cited in Bryan & Morrow, 2011).

As an example, aviators generally do not trust mental health providers. For this reason, mental health providers must establish trust through consistent contact, rapport and well-suited psychological interventions. Young (2008) posits that pilots are reluctant to seek assistance when needed, thus making assessment and intervention difficult. As one pilot stated, “Aviators are notorious for avoiding flight surgeons and would disavow the very existence of mental health professionals if given the opportunity. Both occupations (flight surgeons and mental health professionals) represent a threat to a pilot’s flying status.”

Experts can extol the virtue of receiving care; however, a more persuasive argument comes from well-respected peers and leaders who personally advocate for support and treatment. As an example, within the SOF community, advocates such as Admiral William McCraven (Navy Ret.) and Sergeant Major Chris Farris (Army Ret.) spoke openly about the benefits of seeking care and actively promoted/funded embedded psychological resources through the Preservation of the Force and Family initiative. This high-level advocacy serves to normalize care, increases accessibility, and promote help seeking behavior.

Ethical considerations. In the embedded model the persistent presence of providers poses unique ethical challenges to navigate with respect to confidentiality and dual relationships. By embedding a psychologist into the unit, familiarity and trust are gained; therefore, the distinct boundaries more easily maintained in traditional care settings can be blurred. Interactions are no longer limited to a far-removed clinic milieu with strict rules of engagement. While clear communication about confidentiality is

necessary in traditional clinical relationships, the limits must be clearer when embedded. One suspected violation of trust can quickly impact trust among all members across the organization, essentially shutting down the business of the embedded provider.

For embedded providers, the nature of relationships with individuals, teams, and leadership is fluid. He or she may alternate among therapist, consultant, coach, team member, and mission support all in the same day. The ability to comfortably switch between roles while maintaining boundaries is critical to building effective relationships and staying true to psychologists’ ethical responsibilities.

Integration. Perhaps the greatest challenge is being viewed as an integral member of the team, which requires progressing from an outside observer to a trusted insider at the individual, team, and organizational level. In many respects, the same skills used to build rapport within a therapeutic relationship are used by the embedded provider, to include acceptance, empathy, and active listening (Mozdzierz, Peluso, & Lisiecki, 2009). Critical in this process is for the embedded provider to be genuine while simultaneously blending into the unit, observing and absorbing as much as possible. The provider should not attempt to alter his or her personality to fit the culture as this would be rejected as disingenuous. Another challenge is to find ways to be useful, approachable, and present, while not being invasive. Over time, the embedded provider will begin to know the unit members (e.g., duties, skills, families, personalities), and perceptions of the psychologist’s trustworthiness will develop.

Recommendations and Implications

There are numerous ways to increase the probability of success as an embedded psychologist. First, it is paramount that the psychologist has already established strong foundational skills before he or she can expect to successfully embed in a unit. If he or she is not a competent and confident psychologist, it will be difficult to practice alone in austere environments, and the ability to provide meaningful and impactful recommendations to the unit leadership will be diminished.

Second, it is helpful to consistently study what your commanders or leaders and unit members are studying. This approach for an embedded psychologist will not only ensure he or she begins to understand how his or her client thinks and behaves (i.e., what his or her interests and/or

motivations are), but it also allows the embedded psychologist to speak the same language and make “shop-talk,” both of which are influential in building rapport and relationships with unit members (Staal, 2015).

Finally, as much as possible, the embedded psychologist should be involved with unit activities. This could range from being in the gym working out with unit personnel, participating in training events, or traveling with unit members. Typically, the embedded psychologist who is present with unit members, regardless of the location, will be seen as a team member and will be more utilized than one who sits in the office waiting for business.

While there are clearly a variety of ways to enhance individual and organizational effectiveness and resiliency, we feel that the embedded model shows particular promise, especially with those individuals or organizations that are reluctant to utilize more traditional modalities. The greatest challenge is to figure when and where to utilize this model, balancing the desire to bring additional help to unique populations while taking care to maintain our identities as psychologists. Anecdotally, each author has seen an uptick in help seeking behaviors among the individuals they serve. Prior to embedding a provider in their respective units, very few unit members sought help from mental health resources. Within just a few years those rates have increased significantly for each of these units. It is reasonable to suggest this may reduce short- and long-term mental health symptoms and disorders; however, perhaps more importantly, we believe it will enhance the performance capabilities of highly trained and essential members for the current battle space.

While listing all of the potential challenges an embedded psychologist might face is beyond the scope of this paper, our goal was to highlight those that have been repeatedly faced by the authors. These challenges, if not managed well, have the greatest likelihood for diminished results and an uncomfortable embedded experience.

Because of the ambiguity associated with operating in unfamiliar territory, we acknowledge that the professional risks are potentially greater than those within the traditional psychologist setting; however, the need for additional assistance to these organizations is high and the personal and professional rewards for providing this assistance are substantial.

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Point of Contact Information

For further information, please contact:

Lt. Col. James Young

James.young.2@us.af.mil

Membership Committee Report

Alexander Wind

For dues year 2017, there are 1,175 members, associates, affiliates, and student affiliates, which is down from 1,254 in dues year 2016. The biggest areas of decline were in student affiliates (−33) and professional affiliates (−32). While the number of total members was also down (−12), the number of returning members was fair. The included chart shows the 3-year trends in membership by category.

This decline should not affect our aggregate power in APA elections, as it was concentrated on segments of our Society who are ineligible to vote. In upcoming elections for APA president and for seat allocation on the Council of Representatives, it is vital that we demonstrate that we are a division that will exercise this important right. It is very important that you vote in this fall's elections, and please consider allocating at least some of the apportionment ballot to Division 19 even if you do not consider us to be your main division. This means an additional voice advocating for military psychology during a very pivotal time period.

Soon, we will be looking for new members for the membership committee. If you're interested in getting involved and helping out with the society, this could be how you can do that. If you would like to apply for the membership committee, send a letter of interest and CV to Alex Wind (AlexanderPWind@gmail.com). Early career psychologists are particularly encouraged to apply.

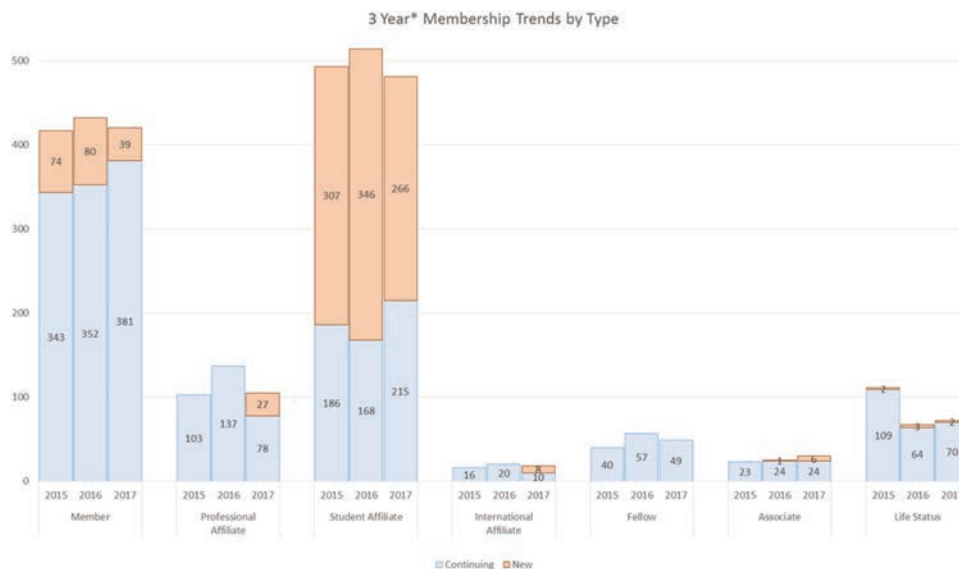
Finally, I would like to note that I feel the best recruitment tool we have is word of mouth. If you have colleagues, friends, or associates working in or studying military psychology in some way, encourage them to check us out!

Point of Contact Information

For further membership information, please contact:

Alexander Wind

AlexanderPWind@gmail.com



Early Career Psychologists Committee Report

Adrienne Manasco

The Early Career Psychologists (ECP) Committee congratulates the Division 19 Convention Programming Committee on a job well done. The 2017 APA convention was particularly fruitful for the ECP Committee, and we thoroughly enjoyed networking with each other and our senior psychologist colleagues. For the second year in a row the ECP committee presented a poster highlighting our ECP opportunities available in the division. In addition, we took advantage of the opportunity to meet with the APA Committee on Early Career Psychologists (CECP) leadership team to learn about their five year strategic plan and to provide invaluable input from our Division 19 perspective. CECP strategic priorities include promoting ECP presence in local and national leadership roles. ECPs represent a significant proportion of both our Division and APA membership, and it behooves us to become active in settings beyond our clinical, academic, or organizational practice. To illustrate, since August calls for nominations have occurred for the Commission on Accreditation, APA Council, and the APA Clinical Practice Guideline Steering Committee. ECPs are not only welcome but needed!

The committee is currently working on building partnerships across divisions. Of particular interest to us is strengthening a relationship between Division 19 and Division 18 (Psychologists in Public Service). As you may or may not know, Division 18 includes a Veterans Affairs special interest group. If you are interested in helping with this effort please contact Lt. (Dr.) Adrienne Manasco at adrienne.manasco@gmail.com.

The ECP committee also continues the Internship Mentorship Match for a fourth year. This match connects students interested in Army, Navy, Air Force, and VA internship programs with experienced mentors. Mentors may assist with internship site selection, preparing application materials, and site ranking. If you are a student seeking additional guidance or a potential mentor please contact Maj (Dr.) Ryan Landoll at ryan.landoll@usuhs.edu. In the email include your name, preferred email address, clinical interests, graduate program information, and potential internship sites.

On that note, for this year's Internship Mentorship Match, the ECP committee is experimenting with an alternative to the traditional mentor-mentee structure. Dr. Landoll has structured "mentorship families" in which a senior psychologist is connected with 1-2 early career psychologists and 1-2 students to promote mentorship across multiple levels. Stay tuned for feedback!

Early Career Psychologist Committee Members: Julie Landry Poole, PsyD, ABPP (Past Chair), Adrienne Manasco, PsyD (Chair), Ryan Landoll, PhD, ABPP.

Point of Contact Information

For further information, please contact:
Adrienne Manasco, PsyD
manasco@gmail.com

Student Affairs Committee Report

Nate Tenhundfeld, MS

The APA convention has come and gone, as has the start of the new academic year, and by the time that this will be published, likely so too have the Redskins' chances at a Super Bowl. Actually, let's be honest, those chances probably evaporated in Week 1. . .

On the positive side of things, two of our very own have received recent professional promotions! Student Affairs Committee Past-Chair Kevin O'Leary defended his dissertation, "Service members' perceptions of treatment: Bridging the military civilian divide!" Congratulations Dr. O'Leary! He is now the Albany VA's newest PostDoc, and we could not be happier for him.

Additionally, our Western Regional Representative, Jourdin Watkins, just completed her Officer Development Course (ODS) and is now ENS Jourdin Watkins, USN! Bravo Zulu ENS Watkins!

The Division as a whole also received tremendous recognition since my last submission! We were selected as the 2017 APAGS Division of the Year! This award is given to the division that best provides training and opportunities to its students. Kevin, Kelsi, and I submitted a package on behalf of Division 19, along with our proposal for a national philanthropic event for which the prize money would be used. We were humbled (yet not surprised) to be selected as this year's winner and look forward to our virtual Veterans Day 5k that we will be hosting nationally with our students as a result!

The summer is usually a bit slow as most of our students are taking some much needed breathing time, as well as pursuing off campus opportunities. However now that we

are back into the academic year, things have begun ramping up again. We are looking forward to picking up where we left off with our tremendously successful Adobe Connect Webinar programming, are looking to now be able to focus more on our research offerings, and finally have the chance to sit with leadership and discuss our vision for the next year leading into the 2018 convention (which will surely be here before we know it!).

Finally, I wanted to personally thank each of you who went out of your way to accommodate our students. In years past the student leadership team has at times felt like we needed to nudge the students to begin networking during the social events. However, this year I didn't have to do that a single time! While this is undoubtedly also due to the ever increasing caliber of students we attract, it is also a testament to our members' willingness and excitement to help bridge the gap between scientist and student.

As some of you may know, I have made the move down to the U.S. Air Force Academy, working in the Warfighter Effectiveness Research Center (WERC). If you're ever in the area, let me know as I would love to show you the Academy, and the research we are doing here!

Until next time,

Nate Tenhundfeld

Point of Contact Information

For further information, please contact:

Nate Tenhundfeld

nlt4au@rams.colostate.edu

APA Program Committee Report

Angela Legner

On behalf of your Programming Committee, thank you for making the 2017 APA Convention in Washington, DC a success! We are grateful for the contributions of each of our presenters, members, and attendees and hope to see you again in 2018 at the convention in San Francisco. Please note the following changes:

- Rebecca Blais has completed her 3-year term on the Programming Committee. Thank you, Dr. Blais for your many, many contributions.
- Lindsey Monteith has transitioned from 2017 Chair to 2018 Past Chair.
- Angela Legner is the incoming 2018 Chair. She will be your primary point of contact for the 2018 convention.

As a final reminder, 2018 APA collaborative programming proposals are due **October 13, 2017 by 1700 (5:00 p.m.) EST**. CP proposals must be submitted via the APA online **Call for Convention Proposals** portal. The collaborative programming differs from the division programming in that it exclusively focuses on topics that cross division lines, and stresses unique and innovative presentation styles. In addition, a collaborative program pulls together multiple perspectives on a significant issue for psychologists and society at large, involves more than one core area of psychology, that is, science, practice, education, public interest, and reflects interdisciplinary and relevant aspects of diversity. The overarching goal is to highlight the unique role of APA as a unifying force in psychology.

In addition, collaborative programming sessions must involve a minimum of two divisions that are relevant to the proposal content and that would review the proposal (up to seven divisions may be identified). Other guidelines for collaborative proposals are listed below:

- Should be 1- or 2-hr session proposals that highlight collaborative ideas and integrative approaches;

- Must have at least two participants and a chairperson (individual presentations (paper/poster) will not be considered);
- Incorporate innovative presentation formats;
- Include participants across all career stages, settings, and fields;
- Integrate psychological science and practice.

For additional information on collaborative programming and how to submit online please visit the convention website: <http://www.apa.org/convention/proposals.aspx>

All other program proposal deadlines are as follows:

- 14 November, 2017 – APA Continuing Education Workshops Proposals
- 1 December, 2017 – Division Individual and Program Proposals
- 22 December, 2017 – APA Film Festival Proposals

Please note that all proposals are due by **1700 EST** and should be submitted via the Call for Submissions online web portal.

We encourage all members who are submitting division program proposals to consider Dr. Mark Staal's presidential themes for 2018. His themes are outlined below:

Innovative Practice and Application. Military psychology is a microcosm of applied psychology and that diversity is our strength. I encourage our members to push the boundaries of their practice and expand service delivery to novel domains and innovative practices.

Branding Across Platforms. Military psychology needs to push its brand across more platforms and venues. Our value proposition is strong, but not always adequately articulated and often poorly marketed. I ask that our members seek out contemporary avenues and emerging technologies in order to press the brand and capabilities of military psychology.

Diversity of Practice Domains. Military psychology embraces both health care and nonhealthcare related psycho-

logical services. We welcome applications of behavioral science that support all aspects of veterans, military, government, national security, law enforcement, and public safety arenas.

Operational Psychology Practice Guidelines. Operational psychology is an emerging specialty area that often falls under Defense and Security sectors. It requires its own practice guidelines.

Addressing Any Infringement of Free Trade Practices. The APA's "Independent Review" (better known as the Hoffman report) resulted in an unfair infringement to many of our members' practice domain. We welcome those who would support the return of lost ground, and we seek to enable voices that encourage free

and open trade for our services in all areas of ethical practice.

Should you have any questions, please contact Angela Legner, PsyD (angelalegner@gmail.com) or Lindsey Monteith, PhD (apadiv19@gmail.com).

We look forward to seeing you in San Francisco next year!

Angela Legner and Lindsey Monteith

2018 Programming Committee

Point of Contact Information

For further information, please contact:

Angela Legner
angelalegner@gmail.com

Announcements

Christina Hein, MA

Announcement Requests

Please submit any announcement requests for volunteer opportunities, research participant requests, training opportunities, or other requests to Christina Hein at chein9@gmail.com.

General

Join Division 19 on Social media!

- Facebook group: APA Division 19 – Military Psychology
- Twitter: @APADiv19, @Div19students
- LinkedIn group for ECPs: APA Division 19 – Military Psychology – Early Career Psychologists

Internship Opportunities

Clinical Psychology Internship Program – Womack Army Medical Center (Ft. Bragg, NC)

Womack Army Medical Center offers world-class internship training in state-of-the-art facilities at the U.S. military's largest base.

Train within a practitioner-scholar model, emphasizing empirically validated clinical practice. Special emphasis is placed on developing interns' ability to provide efficient and multiculturally competent clinical services to a large and diverse population of active duty military service members. The CPIP offers a major rotation in adult outpatient/military psychology, as well as elective rotations in traumatic brain injury, primary care, and/or via two intensive outpatient programs.

Intern applicant requirements: Qualified applicants must come from APA-approved clinical or counseling psychology doctoral programs, have passed all predoctoral comprehensive examinations, and must have dissertation/project proposal approved by the application deadline. Applicants must also meet additional criteria for commissioning as active duty officers into the U.S. Army, and must therefore go through recruiting procedures. Com-

pleted applications may be submitted only via the APPIC portal: www.appic.org

For more information, please see the CPIP website: <http://www.wamc.amedd.army.mil/EducationAndResearch/SitePages/Army%20Clinical%20Psychology%20Internship%20Program.aspx>, call 910-570-3447, or email usarmy.bragg.medcom-wamc.mbx.cpipprogramdirector@mail.mil

Postdoctoral Fellowship

PTSD Research and Treatment Program – Columbia University/New York State Psychiatric Institute

The PTSD Research and Treatment Program at Columbia University/New York State Psychiatric Institute is pleased to announce an immediate opening for a postdoctoral clinical fellow. Responsibilities include evaluation and treatment of veterans and their families as part of the NYP Military Family Wellness Center, as well as conducting assessments for ongoing research studies.

The fellow will conduct individual psychotherapy with veterans and adult family members seeking treatment with the Military Family Wellness Center (MFWC). Treatments offered through the MFWC are time-limited and evidence-based, and include PE, IPT, CBT, and emotion focused couples therapy. Group therapy, telemedicine, and other delivery modalities are offered as well. Training and supervision is provided by top experts in the field, including Dr. John Markowitz.

To apply, please send CV and cover letter to Dr. Ari Lowell at ari.lowell@nyspi.columbia.edu. Applications will be reviewed in the order received.

Job Opportunities

Faculty for Clinical Psychology Internship Program – Womack Army Medical Center (Ft. Bragg, NC)

Womack Army Medical Center is seeking faculty members to join their team, with the aim of training highly qualified, diverse psychologists prepared to excel amid the dynamic challenges of service in the U.S. Army.

Train or teach with a practitioner–scholar model, emphasizing empirically validated clinical practice. The CPIP offers a major rotation in adult outpatient/military psychology, as well as elective rotations in traumatic brain injury, primary care, and/or via two intensive outpatient programs.

Faculty requirements: Qualified applicants must possess a doctoral degree in clinical or counseling psychology, state licensure, and an interest in teaching and supervision. Open positions may be viewed at <https://www.usajobs.gov/>

For more information, please see the CPIP website: <http://www.wamc.amedd.army.mil/EducationAndResearch/SitePages/Army%20Clinical%20Psychology%20Internship%20Program.aspx>, call 910–570-3447, or email usarmy.bragg.medcom-wamc.mbx.cpipprogramdirector@mail.mil

Deployment Behavioral Health Psychologist – Center for Deployment Psychology at Womack Army Medical Center (Ft. Bragg, NC)

The Henry M. Jackson Foundation (HJF) is seeking a Deployment Behavioral Health Psychologist. The psychologist will serve as a subject matter expert on deployment-related psychological health issues at the CDP. Candidate will develop and deliver training and education materials, lecture on deployment issues, develop didactics to the psychology interns, and supervise interns on psychological testing, among other responsibilities.

Requirements: must have graduated from an APA-accredited PhD/PsyD program in clinical/counseling psychology; possess a current license to practice in North Carolina; have at least 10 years' experience postlicense, with knowledge of trauma literature; experience providing DoD/VA-recommended EBP for PTSD and others; must undergo a favorable public trust security clearance investigation.

Required knowledge, skills, and abilities: ability to diagnose/treat psychological problems of all complexities; familiarity with military medical system desirable.

The website for applying is <http://careers.hjf.org/>. Please contact Dr. Jeffrey Cook at Jcook@deploymentpsych.org if you have any further questions.

Operational Psychologist at the University of Texas Medical Branch (UTMB; Galveston, TX)

The University of Texas Medical Branch (UTMB) at Galveston and KBRWyle are seeking a midcareer Operational Psychologist (clinical or counseling psychologist)

with experience (5–10 years) in an operational, mission-oriented organization providing assessment, selection, training, and psychological support services to high-performing individuals within the Space Medicine Operations Division at the NASA Johnson Space Center (JSC).

Significant duties include astronaut candidate selection and training, preflight training and preparation, in-flight monitoring and support, and postflight reintegration for astronauts and their family members assigned to space missions. The incumbent also provides services to key mission personnel and other ground-based personnel, such as flight surgeons and managers, collaborates with internal and external research and operations organizations, and provides clinical behavioral health care and consultation as part of the NASA JSC Clinic.

The position is located in Houston, Texas, at the NASA Johnson Space Center. For additional information, please contact Mr. Stephen Vander Ark at stephen.t.vanderark@nasa.gov.

Operational Psychologist to Work With Elite Special Forces (Anchorage, AK and/or Santa Clara County, CA)

Seeking qualified Operational Psychologist applicants interested in working with Elite Special Forces located at JBER in Anchorage, AK and/or Moffet Field, Santa Clara County, CA.

This position has the flexibility to be a contracted position with hourly pay all the way up to a full-time position. The Government Preservation of the Force and Family (POTFF) program for special forces has a need to assist operators and their families with the mental health and well-being side of the SOF career field. Anticipated start dates are mid-September 2017.

Interested parties are encouraged to inquire/apply at Oppsych.potff@gmail.com or with John Griffin at 401-265-8513 as soon as possible. Please review the requirements and submit a resume in PDF or Word format with qualifications to the email above. Background investigations for clearances will be required to perform work. Any persons with a negative criminal history precluding them from participating in extensive background investigations to include CAC Tiers 1–3 and an eventual SECRET clearance are not encouraged to apply.

Training Opportunities

Prolonged Exposure Therapy for PTSD – Walter Reed NMMC, Center for Deployment Psychology

The CDP is offering a 2-day evidence based workshop for Tri-Service military/DoD/GS behavioral health providers at Walter Reed NMMC, MD on 2–3 October, 2017. The workshop is free and includes CEs, but any travel or expenses must be self-funded.

Space is limited. If you are interested in attending this training, please email your request to training@deploymentpsych.org. Please note, you may be asked to submit a letter from your department head or division chief noting that you are eligible to attend.

Addressing Suicidal Behavior in the US Military – JB Andrews, MD

The CDP is offering a 2-day evidence-based workshop for Tri-Service military/DoD/GS behavioral health providers at Joint Base Andrews, MD on 18–19 October, 2017. The workshop is free and includes CEs, but any travel or expenses must be self-funded.

Space is limited. If you are interested in attending this training, please email your request to training@deploymentpsych.org. Please note, you may be asked to submit a letter from your department head or division chief noting that you are eligible to attend.

Cognitive Processing Therapy – Wright-Patterson Air Force Base, OH

The CDP is offering a 2-day evidence-based workshop for Tri-Service military/DoD/GS behavioral health providers at Wright-Patterson AFB on 7–8 November 2017. The workshop is free and includes CEs, but any travel or expenses must be self-funded.

Space is limited. If you are interested in attending this training, please email your request to training@deploymentpsych.org. Please note, you may be asked to submit a letter from your department head or division chief noting that you are eligible to attend.

Online Trainings

Identification, Prevention, and Treatment of Suicidal Behavior for Service Members and Veterans

With data to suggest that only a third of military veterans are enrolled in the VA system, the need for culturally

competent community providers trained in evidence-based practices for the assessment and treatment of suicidal behavior has never been greater. Based on content from the Center for Deployment Psychology, this training will provide you with information regarding the health significance of suicide with a focus on military and veteran populations. A summary of empirically derived demographic and clinical variables that can be used in making evidence-based determinations about a person's risk of suicide will be reviewed, in addition to components of empirically based treatment protocols that specifically address suicidal behaviors. Finally, the challenges mental health providers face when working with suicidal clients are reviewed with recommendations for provider-centric interventions to increase positive outcomes and better manage risk in practice.

A blend of experiential exercises, didactic information, and case examples will be used to give you the tools you need to more competently assess and address suicidality in military and veteran populations. This course is intended for any mental health provider working with military or veteran populations. This course may be taken for free, or for CE credits.

<http://deploymentpsych.org/online-courses/suicide-prevention>

Course duration: 135 min.

The Fundamentals of Traumatic Brain Injury (TBI)

The goal of this workshop is to provide an introduction to traumatic brain injury (TBI), including mechanisms of TBI as well as signs, symptoms, severity levels, and rates of TBI in civilian and military populations. Recommendations for assessing, managing, and treating TBI will be reviewed. The overlap between TBI and PTSD will be discussed and the importance of care coordination strategies, resources, and services available to patients with TBI and their families will be reviewed. This course is intended for mental health providers who are interested in gaining competency in working with individuals (military or civilian) who have sustained a TBI.

<http://deploymentpsych.org/online-courses/tbi>

Course duration: 90 min



SOCIETY FOR MILITARY PSYCHOLOGY

Division 19 of the American Psychological Association



From Dr. Sally Harvey, President Division 19, “It is a rare honor to be recognized as an APA Fellow, but an honor that many of our members are qualified to receive. Please take a moment to read the following, provided by Dr. Mike Matthews, regarding the process and, then, give serious consideration to either applying yourself, urging a colleague to apply or providing a nomination on their behalf.”

Nominations for Division 19 fellow status are due 5 January 2018. Nominations for Division 19 initial fellow status and for those already holding fellow status in other APA divisions are due 5 January 2018. Self-nominations and nominations of deserving members are encouraged. For initial fellow status, the nominee must possess a doctoral degree, must have been a member of Division 19 for at least one year, show active engagement in the advancement of psychology, have five years of acceptable post-doctoral experience, and have achieved a record of unusual and outstanding contributions to military psychology. These unusual and outstanding contributions must clearly demonstrate a national or international impact on the field of psychology beyond the local, state, or regional level. The APA portal to submit nominations opens in August of 2017. For more information visit <http://www.apa.org/membership/fellows/>, or contact the Division 19 Fellows Committee Chair, Dr. Michael D. Matthews (lm6270@usma.edu). Once the APA portal opens in August, all files must be completed by 5 January 2018 in order for nominations to be considered in this cycle.



Have You Experienced Post-9/11 Combat?

Are you a current active duty service member, veteran, member of the national guard, or reservist who experiences any combat exposure during a Post 9/11 conflict?

Are you interested in completing surveys about your experience in combat, gender, and mental health for a chance to win a \$100 visa gift card?

My name is Christina Carbone and I am a 4th year doctoral student at Adler University. Your participation will help me conduct research concerning risk factors that could impact mental health functioning post combat.

Participation is voluntary and you may exit the survey at any time and no identifying information will be kept. The surveys will take about 45 minutes to complete. This study is in no way be linked to DOD or VA institutions.

If you have any questions please contact ccarbone@my.adler.edu or my dissertation chair, Dr. Grady Osten-Garner at ggarner@adler.edu. You may also contact the Adler University IRB directly at irb@adler.edu with any concerns.

Post 9/11 Combat Research Study

<https://www.psychdata.com/s.asp?SID=176146>

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SOCIETY FOR MILITARY PSYCHOLOGY

Division 19 of the American Psychological Association



A competitive position is available for a highly motivated and promising individual seeking a Master's or Ph.D. related to the psychology of human-animal interaction with Dr. Maggie O'Haire. The successful applicant will be housed within the Center for the Human-Animal Bond at Purdue University. The research program will focus on the scientific evaluation of service dogs for military veterans with Post-Traumatic Stress Disorder (PTSD) and their families as well as facility dogs in hospitals. The research will be related to human outcomes primarily, rather than the dogs themselves. Thus an interest in pursuing a human psychology focused research degree is essential. The degree title will be an MS or PhD in Human-Animal Interaction. The successful candidate will be involved in the development of experimental design, data collection, analysis, and scientific writing related to behavioral, psychological, and physiological outcomes of Human-Animal Interaction. The position involves working with collaborators and supervising undergraduate students assisting with the research.

The position includes a graduate stipend, partial tuition and fee waiver, and health insurance benefits for two years for a Master's, with the potential of funding for two additional years for a Ph.D. The position will start in JANUARY or AUGUST 2018 (preferably in January for Spring 2018, but flexible). Complete applications should be submitted by NOVEMBER 15th, 2017.

Interested candidates should send an inquiry to Barbara White at whiteb@purdue.edu and must apply to the Graduate School through the Department of Comparative Pathobiology. Click here for more information about the application process <http://www.vet.purdue.edu/cpb/graduate-programs.php#apply>

Division 19 Membership Application Form

Name: _____

Mailing address: _____

City, state, postal code, country: _____

Work phone: _____ Home phone: _____

Fax: _____ E-mail address: _____

APA membership number/category (if applicable): _____

Member Associate Fellow Life Status

Student Affiliate International Affiliate No Membership in APA

Division 19 Membership Desired:

Member/Associate/Fellow (\$27) International Affiliate (\$30) Professional Affiliate (\$30)

Student Affiliate (\$10) Life Status Publication Fee (\$19)

Cardholder name (the name appearing on credit card): _____

Cardholder's billing address: _____

Credit card number: _____ Expiration date: _____

Card type (only MasterCard, Visa, or American Express): _____

Daytime phone number and email address (if available): _____

Amount to be charged in US Dollars: _____ Cardholder signature: _____

MAIL APPLICATION TO:

APA Division 19 Services, ATT Keith Cooke, 750 First Street, NE, Washington, DC 20002-4242

For questions call Keith Cooke at 202-216-7602 or email kcooke@apa.org

Please DO NOT fax or email credit card information!

Online application is available at <http://www.apa.org/about/division/div19.aspx>

INSTRUCTIONS FOR CONTRIBUTORS TO *THE MILITARY PSYCHOLOGIST* NEWSLETTER

Please read carefully before sending a submission.

The Military Psychologist encourages submissions 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 submissions that have broad appeal to Division 19 members and are written to be understood by a diverse range of readers. *The Military Psychologist* is published three times per year: Spring (submission deadline **January 20**), Summer (submission deadline **May 20**), and Fall (submission deadline **September 20**).

Preparation and Submission of Feature Articles and Spotlight Contributions. All items should be directly submitted to one of the following Section Editors: **Feature Articles** (Maureen Copeskey: copeskey@gmail.com), **Trends** (Joseph B. Lyons: joseph.lyons.6@us.af.mil), **Spotlight on Research** (Colleen Varga: colleen.varga.1@us.af.mil), and **Spotlight on History** (Paul Gade: paul.gade39@gmail.com). For example, Feature Articles must be of interest to most Division 19 members; Spotlight on Research submissions must be succinct in nature. If longer, please, consider submitting the article to the Division 19 journal, *Military Psychology* military.psychology.journal@gmail.com). If articles do not fit into any of these categories, feel free to send the contribution to the Editor in Chief (Joseph B. Lyons: joseph.lyons.6@us.af.mil) for potential inclusion.

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

Preparation of Announcements. Items for the **Announcements** section should be succinct and brief. Calls and announcements (up to 300 words) should include a brief description, contact information, and deadlines. Digital photos are welcome. All announcements should be sent to Christina Hein (chein9@gmail.com).

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

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