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Editor's Column

Shawna Chee



Welcome to the Fall Issue of Division 19, *The Military Psychologist (TMP)* Newsletter 2018.

Division 19 was active this summer with the 126th Annual American Psychological Association (APA) Convention in San Francisco, CA. Our 2018 APA Convention Program Committee Chairs, Angela Legner and Lindsey Monteith, did an outstanding

job keeping the Division members up to date with the Division 19 sessions and Hospitality Suite sessions with frequent communication via the APA Division 19-Military Psychology Facebook page and Twitter account (@APADiv19). For those of you who missed out this year, there are plenty of opportunities to review what happened at the APA Convention here in the newsletter in the APA Convention Program Committee report as well as an interesting perspective by former president Pat DeLeon in the APA Summary.

This issue also includes the last update from our current president, Mark Staal, as he shares his APA Convention welcome address with us. We thank Dr. Staal for his leadership, mentorship, and unwavering support to our military psychology community! Also related to the APA Convention, in this issue, the Feature Article summarizes the military sexual trauma symposium at the APA that discussed recent empirical and clinical efforts, as well as implications by individuals within the Department of Defense, Department of Veterans Affairs, and an academic institution that highlighted common themes important to understanding military sexual harassment and assault.

This issue's Trends Article explores how untreated sleep apnea can affect validity performance on neuropsychological assessment while our Spotlight on Research article shares a robust study about a novel application of transcranial Direct Current Stimulation on the dorsolateral prefrontal cortex and its effect on driving performance. Both of these articles are cutting edge and yet useful in our everyday practice.

I'd like to thank Paul Gade for his contribution with the Spotlight on History article about John "Jack" Jenkins, whose contribution directly affects my line of work in Aerospace Medicine and Psychiatry for pilot assessment and selection. Without Dr. Jenkins' significant contributions, our

military aviation programs might look very different. Please keep in mind, for those of you readers who enjoy history, feel free to contact Paul Gade (paul.gade39@gmail.com) for opportunities to help him with a historical contribution to this column in future TMP issues. Any help is appreciated!

With each issue of *TMP*, I'm becoming more and more proud of the work our Early Career Psychologist (ECP) Committee and our Student Affairs Committee (SAC) are bringing to the overall Division 19 mission. We should be especially impressed with the work by our ECP chair, Ryan Landoll, and SAC chair, Kelsi Rugo, for their outstanding contributions to our Division this past year. Check out their updates for details about ECP grant award recipients and highlights of our outstanding student affairs chapters throughout the nation. Contact them for how to enter yourself, a colleague or your program for future awards.

Sending a heartfelt thanks to our outgoing Membership Committee chair, Michelle Kelly, who provided us with the stable platform to allow our newest members to join as well as keeping those seasoned members in touch with Division 19. Let's welcome our newest committee chair, Jessica Martin, as she takes the reins to our ever-growing division. We look forward to her contributions in the coming years.

Finally, take a moment to read the update from the APA's newest Military & Veterans' Health Policy Director, Heather O'Beirne Kelly, who shares the incredible work her team has accomplished in promoting and supporting military personnel, their families, their caregivers, and their communities, as well as the psychologists who serve these populations at the political level in just their first year. We should all keep abreast of what our impact as military psychologists can have within the government realm to making long-term changes targeting military/veteran populations and opportunities to get involved at that level.

Be sure to check out the Announcements Section highlighting research opportunities, predoctoral internship and postdoctoral fellowship opportunities, and job announcements. Look into getting involved today!

As always, it is such a pleasure to be involved with this great society doing meaningful work within our military community. Please continue to send in your program ideas, your research, your announcements and any other future opportunities to excel for publication to our newsletter. Until next year, stay safe and I wish you all "blue skies"!

President's Column

Mark A. Staal



It's hard for me to believe it, but this will be my final column as president of Division 19. Perhaps like past Division leadership, at times I wondered if my time would ever end, and now it has ... and I mysteriously find myself wishing I had more time to get more done. I thought the APA Convention was a success and our division represented very well.

We have much to be proud of despite the frustrations associated with the Council of Representatives' motions that did not pass fully in our favor (13D and 35B). Thanks to our CoR representatives, Carrie Kennedy and Sally Harvey for their adroit leadership and salutary focus amidst a fire-storm of irrationality and political emotion that often overrode better judgment and reason within the APA. Thanks to the remainder of our Executive Committee for their supportive leadership and "Sherpa-like" qualities in shepherding me through my primary presidential year. As I thought about what I might say in summary and in parting as your president, I decided to submit a copy of my presidential address, delivered during the convention. Several of our members asked if I would consider publishing the address and it does justice to what I hope to convey to the Society going forward.

"I wrestled with what to talk about during my presidential address. I thought about what I valued most in other people's talks: something funny, something interesting, maybe unique, something profound (or if not profound, at least something to think about), something personally relevant, something that might stick with me that I would apply to my own life ... that's the sort of stuff I enjoy. A tall order when I stepped back from the list I was making. What could I say that would be all of those things? I wasn't sure then, and I'm not sure now, that what I have to say this evening will cover it. I've decided to tell you a little about my journey in the hope that you find a parallel to your own, something to relate to. That said, here goes...

When I was in high school, I really wanted to join the Marines. They are arguably the coolest of the services. Last on my list was the Air Force. I didn't want to be a pilot, I really thought being a grunt would be the best call. I've always been patriotic (and I used to be in shape). My parents were liberal university professors and I grew up in a liberal town, a place that still legalizes Hashish once a year during the annual "hash bash." For those Cheech and Chong aficionados, my home town was immortalized in the movie, Still Smokin' ... a town that Chong proclaimed was the only place left where the universe still meant something. Anyway, it was off to college and not the

recruiter per my parent's insistence. I popped out with a Bachelor's degree in psychology ... ready to face the world of fast food management. Realizing I didn't have the ethic to work full-time, I applied to graduate school.

During grad school I was an RA and TA for my then dissertation chair, Roger Greene, who told me about military internships. He recommended that I join the Army, so, I took a hop from San Francisco to Hawaii to investigate the Army's internship in Honolulu where I met each of the four Army interns at Tripler. I posed my question to each of them privately ... if you could do it all over again, what would you choose, Army, Air Force, or Navy? All four said, "do not go Army" ... and that was all I needed to hear, it was off to the Air Force!

I seized my opportunity to scratch that high school itch. After a couple of traditional assignments, I migrated toward the special operations community and never looked back. At that time there were just a handful of position and personalities. The more experienced psychs took me under their wings and provided me mentorship. They turned me on to Lucius Paulus Macedonicus, a Roman General who served during the Third Macedonian War. He was renowned for his military strategy and was an effective commander and statesman. He was once asked, what kind of individual is ideal to advise military commanders and he responded:

Commanders should be counseled chiefly by persons of known talent, by those who have made the art of war their particular study, and by those who are present at the scene of action, who see the enemy, who see the advantages that occasions offer, and who, like people embarked on the same ship are sharers of the danger.

In that one statement, Lucius had laid out my career before me. I had a road map for my way forward. I needed 1) to be good at my job (known talent), 2) to understand the military system and the war fighter (a student of the art of war), 3) to be close to my commanders and unit members, to include deploying with them whenever possible (present at the scene of action & to share the danger), and 4) to understand the enemy we were fighting (to see the enemy).

So that's what I tried to do. I tried to be a good generalist, before I was a specialist. I tried to be a good specialist when I was given the opportunity. I enjoyed my Professional Military Education and thought of it as a way to better understand the war machinery and the warriors. I fought to be embedded and assigned to my line commander as opposed to a medical facility. I believed I would otherwise find myself under layers of Military Treatment Facility bureaucracy working for a physician who didn't share my passion for the human weapons system. I

volunteered for every deployment that came up and I built a counter-insurgency and counter-terrorism library that Mao Zedong would be proud of. I am thankful to Lucius for his sage advice and mentorship.

I was fortunate to have a number of mentors along the journey that spoke truth into my life and my career. I can't impress upon you all the value of someone who you trust, who has walked a similar path, and who is willing to share your burden - be it physical, emotional, or spiritual. If you don't have a mentor you should find one. Here are some of the lessons my mentors passed to me that I now pass to you:

"Be yourself, but be yourself at your best"

It was an admonition that my father gave me whenever I left the house. It was his last moment calibration in order to set my azimuth in the best possible direction ... knowing that I might migrate off course. At the time, I didn't value the wisdom, but I do now, and I tell my kids the same thing. I have five teenage daughters and they all hear it from me. The boys that take them out get a slightly different version ...

Be yourself but be yourself at your best is a charge I used to give our unit candidates as they were preparing to begin a rigorous assessment week. I believe we should all be comfortable and free to be ourselves, but we should do so in a manner that holds ourselves to the highest standards of conduct.

"Don't think less of yourself, think of yourself less"

We should be proud of our service, but never forget that we serve. That's what we signed up to do and it means placing ourselves behind the needs of the nation and the mission. Selfless service is largely an anathema in our society today. A humanistic worldview has ushered in a belief that the individual is the pre-eminent arbiter of all things. We define our realities and truth, both personal and universal. All things are behold to relativism—an individual's phenomenology. What is true for me may not be true for you, and what is real for me is real because I say it is, not because it can be objectively proven so.

John F. Kennedy's call in 1961, "Ask not what your country can do for you—ask what you can do for your country" is rarely echoed today and yet this idea is at the very heart of military service. It is the same stuff that led Robert Yerkes to take up the charge and invest psychology into the service of the nation 100 years ago. Our society's shift toward serving the individual as opposed to the organization or the nation is not without consequence. This can be seen in the APA's preoccupation with pandering to the small chorus of the politically enabled and ignoring the proud path paved by the giants of our profession's past.

"No one cares how much you know, until they know how much you care"

This quote has been perilously attributed to Teddy Roosevelt, but no one knows for certain. It is a great truism in military mental health care and perhaps even more so for those operating as an embedded asset. My first commander used to say that your title, "Dr." will get you a seat at the table, but it wouldn't

get you fed. So true. I would submit that our ability to leave our titles at the door and our willingness to set aside the positional authority granted to us by our rank are two of the best things we can do as military psychologists. Anyone who feels compelled to lead with their rank probably shouldn't be wearing it. As a young Major I remember watching two mentors (Carl Dickens and Carroll Greene) introduce themselves (both Colonels at the time) as "Carl" and "Carroll." Both told me that the unit members knew their rank and position so they didn't need to hide behind them. They also contended that it helped break down the barriers that "Dr." and "Colonel" create. For me, they were resounding lessons that illustrated, no one will care how much I know or how I can help them, unless I can get over myself (my rank and my position).

"Do what you can, when you can, to whom you can, for as long as you can"

This is a paraphrased version of a famous quote from John Wesley, a fire-brand preacher in the mid-18th century who, along with his brother Charles, founded the Methodist church. I'm not a Methodist, nor is Roger Greene who taught it to me (I believe he's a Presbyterian), but regardless, I appreciate the wisdom and vision affixed to Wesley's quote. We need to be what we can be, for those that need our help, and the time to do it, is whenever we can muster the will to do it. They would be better for our help and we will be better for helping.

Our role as military psychologists covers a great deal of ground. We are hearers and healers, consultants, coaches, and confidants. We follow lawful orders, we act with moral autonomy, make just policy, and lead organizations with integrity. In many instances we are on the cutting edge of technology and often we are observers and participants during key moments in history. Many of our leaders will go on to lead the nation in critical ways and we have a role to play in their development and preparation. You have all touched many lives in your careers and will likely touch many more by the time you are ready to end your service.

While you remain in this fight, take Lucius Paulus Macedonicus' advice to heart, always be yourself, but be yourself at your best, don't think less of yourself but think of yourself less, let folks know how much you care so they will want to know how much you know, and above all, do what you can, when you can, to whom you can, for as long as you can.

I trust that I have said something funny, something interesting, maybe unique, something profound (or if not profound, at least something you will think about), and something personally relevant, that will stick with you that you will apply to your own life. Thank you for hearing me out this evening and thank you for my opportunity to serve as your president."

Honored to have served as your President,

Mark

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Addressing Military Sexual Assault and Harassment through a Collaborative, Multi-Institutional Approach

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Sexual assault and sexual harassment that occur during one's military service, commonly referred to as *military sexual trauma* (MST) by the Department of Veterans Affairs (VA), have received increased clinical and empirical attention. The exact prevalence of military sexual assault and harassment remains debated due to differing definitions, methods of assessment, and underreporting due to stigma and fear or retribution (Blais, Brignone, Fargo, Galbreath, & Gundlapalli, 2018; Dardis, Reinhardt, Foynes, Medoff, & Street, 2018; Hoyt, Rielage, & Williams, 2011; Surís & Lind, 2008). Attempting to determine the approximate prevalence of MST, Wilson (2016) conducted a meta-analysis in which 3.9% in men and 38.4% in women had a history of MST. In addition, military sexual assault and harassment are associated with a litany of psychosocial sequelae, including increased rates of psychiatric diagnoses, physical health comorbidity, decreased psychosocial functioning, and heightened risk for suicide (Kimerling, Gima, Smith, Street, & Frayne, 2007; Kimerling, Makin-Byrd, Louzon, Ignacio, & McCarthy, 2016; Surís, Holliday, Weitlauf, North, & the Veteran Safety Initiative Writing Collaborative, 2013a; Surís & Lind, 2008). As such, understanding how best to prevent and address the consequences of military sexual assault and harassment is important.

To address the occurrence and adverse impact of military sexual assault and harassment, several initiatives have been implemented within the Department of Defense (DoD) and the VA. The DoD has worked to prevent, detect, and respond to military sexual assault (e.g., through bystander intervention programming, awareness and training, and offering both restricted and unrestricted reporting options) among service members (DoD, 2013). The VA has implemented initiatives to screen veterans for MST and provide treatment to those who have experienced military sexual assault and harassment

(Foynes et al., 2018; Kimerling, Street, Gima, & Smith, 2008). Despite these multi-faceted initiatives, significant gaps remain regarding the full range of psychosocial consequences that may occur following military sexual assault and harassment, as well as knowing how best to prevent MST and intervene in MST-related sequelae.

To date, the extant military sexual assault and harassment literature has focused primarily on the prevalence of MST, the relationship between MST and posttraumatic stress disorder (PTSD), and has been conducted largely with female MST survivors (Allard, Nunnink, Gregory, Klest, & Platt, 2011; Morris, Smith, Farooqui, & Surís, 2013; Williamson, Holliday, Holder, North, & Surís, 2017). Although PTSD is strongly associated with experiencing military sexual assault (Himmelfarb, Yaeger, & Mintz, 2006; Kimerling et al., 2007; Surís, Lind, Kashner, Borman, & Petty, 2004; Yaeger, Himmelfarb, Cammack, & Mintz, 2006), it is less common among veterans who have experienced military sexual harassment (Williamson et al., 2017). Further, a predominant focus on PTSD detracts from examining other psychiatric diagnoses, which are associated with military sexual assault and harassment (e.g., depression, substance use, eating disorders, or comorbid disorders) and therefore may be underassessed and more prevalent (Kimerling et al., 2010), as well as physical health sequelae, suicidal thoughts and behaviors, and broader psychosocial functioning (Blais & Monteith, 2018; Monteith et al., 2016; Surís, Lind, Kashner, & Borman, 2007).

Indeed, to date, only one randomized clinical trial (RCT) has been published that explicitly focused on treating the health-related sequelae of military sexual assault, and it focused on PTSD specifically. This trial enrolled predominantly female survivors, all of whom had a diagnosis of PTSD, finding evidence that cognitive processing therapy was an effectual

intervention for reducing PTSD symptoms (Surís, Link-Malcolm, Chard, Ahn, & North, 2013b). Although highly informative, interventional RCTs with MST survivors remain lacking for other psychiatric diagnoses (particularly for depression), especially among men and veterans who have experienced military sexual harassment. This is highly pertinent, especially when one considers the lower overall effectiveness of evidence-based interventions among individuals who experienced MST (Zalta et al., 2018) as well as the unique clinical considerations (e.g., threats to masculinity) when working with male survivors of military sexual trauma (Monteith, Gerber, Brownstone, Soberay, & Bahraini, 2018; Morris et al., 2013). There is also a limited understanding of how a history of childhood trauma, and childhood sexual trauma in particular, may impact MST treatment outcomes, although preliminary research suggests that current evidence-based treatment may be effectual for individuals who have additionally experienced childhood sexual abuse (Holder, Holliday, & Surís, in press; Walter, Buckley, Simpson, & Chard, 2014).

An additional gap in knowledge regarding MST is that although women report a significantly higher prevalence of military sexual assault and harassment, the total number of women and men who experience military sexual assault and harassment is relatively similar due to the higher proportion of men who enlist (VA, 2018). This results in decreased understanding of a clinical population with relatively similar numbers of individuals potentially presenting for military sexual assault- and/or harassment-related care. Similarly, data on military sexual assault and harassment also has been limited among those who identify as a gender minority (Holliday & Monteith, 2018). Although this gap may be due, in part, to stigmatization resulting in fewer men and gender minority individuals accessing MST-related services (Morris et al., 2013), it also suggests the need for creative approaches to understanding and meeting the needs of all service members and veterans who experience military sexual assault and harassment. This is essential as research suggests that the experience and sequelae of MST differ based on one's gender (Bell, Turchik, & Karpenko, 2014; Maguen et al., 2012; Mattocks et al., 2012; Monteith et al., 2016; Monteith et al., 2018).

Motivated by these significant gaps in knowledge, we presented a state-of-the-science symposium at the 2018 annual convention of the American Psychological Association. Sponsored by the Society for Military Psychology (Division 19), this symposium focused on synthesizing new research on MST across multiple institutions, including researchers from DoD, VA, and academia, to provide a current portrait of military sexual assault and harassment research being conducted, future research plans, and continued gaps.

Each presenter shared novel findings and proposed important next steps critical for providing optimal prevention, conceptualization, or intervention. In conducting these presenta-

tions, each institution focused predominantly on a specific aspect of the military sexual assault and harassment population. Specifically, the presentation from the DoD presenter focused primarily on novel prevention efforts occurring during military service, emphasizing the role of military commanders in changing cultural attitudes toward sexual assault and harassment in the military (Sadler, Lindsay, Hunter, & Day, 2018). This is important given that extant research on the prevention of military sexual assault and harassment has been limited (Allard et al., 2012). Presenters from the VA focused on veterans accessing Veterans Health Administration care postmilitary service, delineating the psychosocial sequelae associated with military sexual assault and harassment, as well as the use of evidence-based care for PTSD. Finally, the presenter working in an academic setting had conducted research with female veterans and service members, including those accessing and not accessing Veterans Health Administration care, a point especially important given the substantial portion of female veterans who access health care services outside of VA (VA, 2017). Although each of these foci yielded interesting and important insights, they represented, in and of themselves, a portion of understanding prevention efforts and subsequent needs of survivors of military sexual assault and harassment. Taken in aggregate, this suggests that preventing, understanding, and treating the consequences of military sexual assault and harassment is likely a complex task requiring combined understanding and collaboration across multiple institutions.

There are several strengths to an approach synthesizing endeavors and results across these multiple institutions. First and foremost, such an approach would facilitate the dissemination and uptake of findings, initiatives, and interventions across institutions that survivors may access. For instance, prevention efforts during military service may hold similar merit in preventing potential subsequent victimization postdischarge, a point with strong clinical implications considering rates of revictimization among military personnel and veterans who report military sexual assault or harassment (Surís, Holliday et al., 2013a). Similarly, current efforts to educate providers as to how to respond appropriately immediately following military sexual assault or harassment may be particularly important for providers working with military personnel and veterans presenting for associated treatment in a multitude of settings (e.g., VA, community-based care).

In addition, given low rates of reporting military sexual assault and harassment (Wolff & Mills, 2016), research approaches that span multiple institutions have the potential ability to generate more sizable samples. Similar approaches have been utilized in other fields of mental health research with inherently low base rates (e.g., suicide and suicide attempts) in which common data elements have facilitated a more nuanced and comprehensive understanding across multiple studies and institutions (Ringer et al., 2018). This is likely especially important given the dearth of current publications focusing explicitly on MST survivors who are male or transgender .

Finally, this approach allows for a more longitudinal, psychodevelopmental, and nuanced understanding of the impact of military sexual assault and harassment. A focus specific to one time period (e.g., postmilitary service), while informative, is simply one aspect of an individual's life course development. For example, DoD studies often reveal important information regarding the impact of sexual assault and harassment during one's military service, whereas VA studies typically have focused on outcomes postdischarge. In addition, premilitary history is important to understand, particularly in those presenting with premilitary trauma. All are important, and building partnerships to better understand the ways in which the impact of MST may change over time (e.g., during these different phases of one's life), as well as how providers can optimally support MST survivors in the discharge and reintegration process, is essential.

Similarly, a focus on one aspect of mental health (e.g., PTSD), while important, limits generalized understanding of the comprehensive impact of military sexual assault or harassment on other aspects of an individual's life. Combining the differing time points as well as foci of the different researchers and institutions would facilitate tracking psychosocial development more broadly. Specifically, providing increased insight into the impact of military sexual assault or harassment before, during, and after military service, as well as across multiple psychosocial domains, would enhance understanding of the needs of the individual, as well as potentially how best to prevent and intervene. Given the unique data that the VA, DoD, and institutions outside of these federal entities (e.g., premilitary trauma exposure) are able to collect, synthesizing data and findings across multiple institutions is not only pragmatic to providing optimal care, it also ensures a more parsimonious conceptualization of what leads up to and follows military sexual assault and harassment.

The symposium ended in many ways similar to how it began, led by a group of researchers passionate about helping to address the needs of survivors of military sexual assault and harassment. However, an added element of optimism emerged among the presenters following the presentation, with each of us optimistic of the potential future steps of moving towards a multi-institutional approach that, in many ways, would address many of the underlying difficulties of conducting military sexual assault and harassment research.

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Untreated Obstructive Sleep Apnea and Performance Validity Testing

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A pilot study examined the impact of untreated obstructive sleep apnea (OSA) on performance validity tests for neuropsychological evaluations. Military members and veterans tend to display higher rates of failure on performance validity tests, likely due to the potential for financial gain through the Veterans Healthcare Administration disability system. In addition, military members demonstrate high levels of sleep problems. The present study found that untreated OSA did not have an impact on performance validity tests in a “no-gain” scenario, suggesting that suboptimal performance by military and veterans on such tests is more likely related to reduced effort or low motivation. This study is also important because it highlights the value of careful study design—by evaluating participants after they were diagnosed (but before treatment began) and removing the potential for secondary gain, the author is able to substantially reduce the risk of confounding factors.

Research Overview

Performance validity tests (PVTs) are commonly used in neuropsychological assessments to evaluate the accuracy of an examinee’s behavioral presentation, self-reported symptoms, or performance (Bush et al., 2005). Although symptom exaggeration is more common in forensic settings, this also occurs in some neuropsychological evaluations (Bush et al., 2005). There are many potential threats to the validity of neuropsychological testing to include the potential for personal gain (malingering, disability/compensation), a factitious disorder, opposition to the evaluation, and the presence of various clinical factors that may interfere with the examinee’s level of engagement (Martin, Schroeder, & Odland, 2015; Greher & Wodushek, 2017). Because of high rates of suboptimal effort in both forensic and clinical settings, the American Academy of Clinical Neuropsychology (AACN) and the National Academy of Neuropsychology (NAN) emphasize the importance of using validity testing in neuropsychological assessments (Bush et al., 2005; Heilbronner, Sweet, Morgan, Larrabee, & Mills, 2009), especially given that effort can account for as much as 50% of the variance (Meyers, Volbrecht, Axlerod, & Resinsch-Boothby, 2011) above and beyond the actual severity of neuropsychological injury (Armistead-Jehle, 2010).

Although research examining PVT failure rates in military populations is somewhat limited, select studies demonstrate relatively high PVT failure rates among this population, ranging from 17% to 53% (Armistead-Jehle, 2010; Whitney et al., 2009). These rates are more similar to those found within criminal forensic settings and among disability and compensation claims than to individuals with genuine cognitive impairment (Ardolf, Denney, &

Houston, 2007; Gill, Green, Flarro, & Pucci, 2007; Richman et al., 2006). It is possible that PVT failure rates among active duty military members and veterans are higher than expected due to the potential for financial gain in the Veterans Healthcare Administration System, which is likely exacerbated by the fact that veterans are able to make service connection claims at any time (Armistead-Jehle, 2010) and are compensated for being ill, not well. This claim is further supported by evidence that military members undergoing a medical evaluation board (MEB) demonstrate greater PVT failure rates (54%) than those not involved in the MEB process (35%; Armistead-Jehle & Buican, 2012).

Problem to Solve

Though PVTs are a valuable tool in neuropsychological assessment, validity tests do not necessarily indicate the reason for invalidity, and a variety of potential threats to test validity are possible (Martin et al., 2015). Although the potential for secondary gain is an important consideration, it is also important to first understand the base rates and characterization of performance on PVTs (Howe, Anderson, Kaufman, Sachs, & Loring, 2007). Failure to do so can result in misdiagnosis and errors in clinical interpretation of results (Armistead-Jehle & Buican, 2012; Larrabee, 2005), resulting in a false positive error (Merten, Bosnick, & Schmand, 2007). Therefore, to ensure that veterans and active duty military members’ neuropsychological test results are being correctly interpreted, we must first fully understand how nonneurological factors (e.g., psychiatric issues, somatoform disorders, attitude towards testing, physical health, etc.; Greher & Wodushek, 2017; Martin et al., 2015) influence PVT failure rates within this population.

A number of studies have examined the relationship between various diagnoses and PVT performance rates, including, but not limited to, disabled children (Carone, 2008), traumatic brain injuries (Lange, Pancholi, Bhagwat, Anderson-Barnes, & French, 2012), chronic pain (Grant, Iverson, Koehler, Shojania, & Badii, 2007), fibromyalgia (Gervais, Russell, Green, Ferrari, & Pieschle, 2001), depression and anxiety (Rees, Tombaugh, & Boulay, 2001; Ashendorf, Constantinou, & McCaffrey, 2004), epilepsy (Loring, Lee, & Meador, 2005; Drane et al., 2006), and memory impairment (Slick et al., 2003). However, to date, there have been no investigations regarding the relationship between disordered sleep and PVT performance. This is somewhat surprising given that sleep disorders are common in the general public, with at least 10% of the population suffering from a clinically significant sleep disorder (e.g., insomnia, OSA, restless leg syndrome; Roth et al., 2006) and approximately 20% reporting insufficient sleep in general (Hublin, Kaprio, Partinen, & Koskenvuo, 2001).

In regards to the military, the issue of sleep is very prominent, with an increasing rate of sleep disorders across all services (Armed Forces Health Surveillance Center, 2010), with high rates of insomnia (24.7%) and OSA (24–27%; Mysliwiec et al., 2013) as well as higher rates of sleep medication use (5.4%) in comparison to civilian counterparts (Thelus, Hou, Masterson, Kress, & Mysliwiec, 2017). Contributing factors to disordered sleep among military members include higher rates of shift work, rigorous training environments, and deployments. This is an important consideration from a neuropsychological perspective because sleep disturbances can negatively impact performance on cognitive testing in a variety of areas including difficulty concentrating, memory impairment, and testing fatigue (Fulda & Schulz, 2003; Ram, Seirawan, Kumar, & Clark, 2010).

Poor sleep also impacts the validity of neuropsychological assessment interpretation for two reasons. First, it is possible that the impact of sleep is overestimated, such that poor performance on neuropsychological testing is better accounted for by poor motivation, poor effort, or psychological symptoms. Conversely, according to Waters and Bucks (2011), it is also possible that poor neuropsychological performance may be mistakenly attributed to an organic or psychological cause, when it is actually mediated by sleep. There is increasing research suggesting that sleep is important for learning and memory and that people who are sleep deprived perform less well on memory tasks than those who sleep normally. Given evidence that PVT performance can be impacted by severe cognitive and memory impairment (e.g., dementia; Howe et al., 2007), additional research is needed to better understand the relationship between sleep disorders and neuropsychological performance validity. A better understanding of this relationship will help to clarify whether or not scores on PVTs are representative of genuine impairment due to disordered sleep or poor effort and performance. It will also help to reduce the likelihood of misdiagnoses and assist in correctly identifying invalid neuropsychological results. This is particularly important because it is estimated that the Veterans Benefits Administration spends \$136–235 million per year on disability payments for individuals with unfounded cognitive complaints (Denning & Shura, 2017).

Solution and Approach

The current study seeks to advance the literature in this area by examining relationships between sleep disorders and PVT performance. Participants were recruited from two sleep disorder clinics at large military medical facilities in Texas. Study participants were recruited from a regularly occurring group treatment appointment where individuals receive their polysomnograph results and sleep disorder diagnosis. All participants were diagnosed with obstructive sleep apnea and, due to the recency of their diagnosis, had not yet received any treatment (e.g., continuous positive airway pressure, etc.). Thus, at the time of their participation in this study, all participants had untreated sleep apnea.

Participants were prescreened for mood symptoms and suicidal and homicidal ideation using the Patient Health Questionnaire (PHQ-9). Risk assessments were negative for all participants so no one was excluded from the study due to concerns for self-harm or harm to others. Participants were then asked to complete the Medical Symptom Validity Test (MSVT), which is a short computerized verbal memory screening test with multiple subtests measuring memory and response consistency (Howe et al., 2007) that is commonly used in neuropsychological evaluations as a measure of performance validity. This particular measure has demonstrated 99% accuracy in differentiating between good effort volunteers and simulators of impairment (Green, 2004).

Participants also completed the Memory Complaints Inventory (MCI) as a measure of subjective memory complaints. This self-report measure has been correlated with reduced effort on neuropsychological testing, such that reduced effort tends to result in increased memory complaints. The MCI includes eight scales including general memory problems, numerical information processing problems, visual spatial memory problems, verbal memory problems (VMP), pain interferes with memory, memory interferes with work, impairment in remote memory, amnesia for complex behavior, and amnesia for antisocial behavior (AAB; Green, 2004). Participants also completed various sleep-related questionnaires (e.g., Insomnia Severity Index (ISI), Epworth Sleepiness Scale [ESS]) and a demographic questionnaire prior to their participation in this study, as part of the prescreening process by the sleep disorder clinic prior to their sleep study. Polysomnograph results and questionnaire responses were retrospectively reviewed.

Findings

The preliminary sample consists of 10 participants. Three were female and seven were male. Six participants were active duty service members (Army and Air Force), three were retirees, and one was a military spouse. Participant age ranged from 25 to 70 ($M = 47.5$). Five participants identified as African American and five identified as Caucasian. Two participants were diagnosed with mild sleep apnea, five with moderate sleep apnea, and three with severe sleep apnea. The Apnea-Hypopnea Index (AHI), which is a measure of how many apneas or hypopneas occur per hour during a sleep study (Harvard Medical School, 2011), ranged from 7.6 to 61.7 ($M = 25.1$, $SD = 16.7$). On average, ISI results ranged from subclinical insomnia to moderately severe insomnia ($M = 14.8$, $SD = 2.4$) and ESS results revealed moderate excessive daytime sleepiness ($M = 13.8$, $SD = 2.8$). Depression screening results from the PHQ-9 revealed mild depressive symptoms, on average ($M = 9.2$, $SD = 3.7$) and the majority of elevations on this particular scale were related to poor sleep.

Preliminary results indicate that all participants ($N = 10$) performed above the suggested cut-offs for each

trial and all results were valid. To protect the integrity of the MSVT, scores will be referred to Easy 1 (E1), Easy 2 (E2), Easy 3 (E3), and Hard 1 (H1), Hard 2 (H2), rather than revealing specific test scores. Overall results were as follows: E1 ($M = 98.5$, $SD = 3.4$), E2 ($M = 98.5$, $SD = 3.7$), E3 ($M = 98.5$, $SD = 2.4$), H1 ($M = 95.0$, $SD = 10.8$), H2 ($M = 64.5$, $SD = 14.8$). A score of 85 or less on the easy trials is typically considered to reflect poor effort. Altogether, group performance on this measure was similar to overall means for good effort volunteers and individuals who successfully passed other measures of performance validity.

Results from the MCI revealed low overall subjective memory complaints, though significant variability. Overall, the highest elevations were seen on the VMP scale ($M = 38.9$, $SD = 27.6$) and the lowest elevations were seen on the AAB scale ($M = 15.3$, $SD = 19.07$). The MCI also provides an overall mean score for all nine scales. As a whole, this score revealed relatively low subjective memory complaints among this sample population ($M = 25.2$, $SD = 17.9$).

Implications

Overall, preliminary results from this study indicate that individuals with untreated sleep apnea do not provide invalid results on the MSVT. Results from the MCI were also consistent with previous research, such that as effort increases, memory complaints decrease (Green, 2004). It is important to note that the majority of literature in this area typically includes retrospective analyses of patients who completed PVTs and other neuropsychological assessments as part of routine medical care or as part of a disability and compensation evaluations (e.g., MEB). This study population is particularly unique because each participant volunteered for the study and results were not directly related to their medical care or medical record. Thus, the issue of disability and/or medical compensation was not a factor in their presentation, regardless of whether or not the individual may be receiving any of these benefits.

Preliminary results from this study are promising, such that performance on PVTs may not be impacted by disordered sleep, rather poor performance on PVTs among this population may be better accounted for by reduced effort or low motivation. Additionally, despite previous findings that OSA affects vigilance and attention as well as memory and free recall (Aloia, Arnedt, Davis, Riggs, & Byrd, 2004), these deficits, if present within our sample population, did not appear affect performance validity. However, preliminary results from this study are not without limitation. Namely, this is a very small sample and results will need to be replicated to increase the power of our findings. We plan to continue recruitment throughout the next several months and hope results from this ongoing study will help to better characterize rates of PVT success and failure among individuals with sleep disorders (i.e., OSA) and improve the sensitivity and specificity with which we can identify poor effort on neuropsychological evaluations.

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Spotlight on Research

Colleen Varga

Column Introduction

Welcome to the Spotlight on Research Column! This column showcases research activities and projects underway in many of the research laboratories within the Department of Defense, 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 article investigating the effect of a form of noninvasive brain stimulation technique known as transcranial direct current stimulation (tDCS) administered to the left dorsolateral prefrontal cortex to modulate and enhance driving performance metrics during a monotonous simulated drive. The results indicate that with anodal tDCS, participants were able to maintain intervehicle distance and lane keeping significantly better than with sham tDCS and the null condition. These findings provide further evidence that this technology can be implemented to modulate neuronal activity and prolong a driver's vigilance, resulting in improved driving metrics.

Modulating the Dorsolateral Prefrontal Cortex via tDCS Improves Driving Performance Metrics

Justin Nelson, Gregory Funke, Andy McKinley, Lindsey McIntire, Casserly Mullenger, Chuck Goodyear
and Len Cech

Introduction

Despite continual safety equipment advancement and an increased number of safety regulations, driving an automobile continues to lead to a high number of injuries and deaths every year. Recent statistics provided by the U.S. Centers for Disease Control and Prevention show that in 2014, over 33,000 (10.6 deaths per 100K population) people were killed in automotive accidents in the United States alone ("Accidents or Unintentional Injuries," 2017). Although many safety features are designed to improve survivability when an accident occurs, it is difficult to prevent accidents altogether due to the fact that most are caused by driver errors (Rumar, 1990). There are many distractions that can increase the probability of driver errors and lapses of attention, such as the car radio, cell phones, and talking to other passengers (Lesch & Hancock, 2004). Drivers who are prone to boredom have been shown to be significantly more distractible (Kass, Beede, & Vodanovich, 2010), and boredom contributes to difficulty concentrating, which can lead to an increase in lapses of attention (van Hooff & van Hooff, 2014). In fact, Philip

et al. (2003) argued that accidents are often the result of the driver failing to perceive another vehicle or object. Failure to perceive a critical signal (i.e., other obstacles or vehicles on the road) are likely caused by increases in boredom, distractibility, and declines in the driver's vigilance.

It is well established that vigilance performance declines over time (known as the vigilance decrement) and is characterized by a declining signal detection rate (Sigari, 2014; Verster & Roth, 2013; Wiggins, 2011). In laboratory studies, this decline in performance is commonly observed within the first 20 to 30 min of performance (Molloy & Parasuraman, 1996). Cognitive fatigue can accelerate the vigilance decrement and has been shown to increase error rates, lapses of attention, and reaction times in a variety of vehicle operators (J. A. Caldwell, 2005; J. L. Caldwell & Gilreath, 2001; Goel, Rao, Durmer, & Dinges, 2009; Melfi & Miller, 2006). In conceptualizing fatigue, Desmond and Hancock (2001) have described states of passive and active fatigue, each with distinct causes and associated symptom profiles. More closely aligned with vigilance, passive fatigue during driving "requires system

monitoring with either rare or even no overt perceptual-motor response requirements” (Desmond & Hancock, 2001). Driving, especially over long distances on roads with few curves or terrain elevation changes, is monotonous and can create a situation prime for boredom, passive fatigue, and a vigilance decrement (Thiffault and Bergeron, 2003). Under passive fatigue, drivers often accept poorer performance, wait longer to make corrections to the control inputs, and have more frequent lapses of attention (Saxby et al., 2013). These degradations in performance increase the likelihood of driver error and accidents. An effort-regulation account attributes such performance impairments to a failure to match effort to environment task demands (Hancock & Warm, 1989; Hockey & Wiethoff, 1993; Matthews & Desmond, 2002). Supporting this assertion, previous studies exploring the effects of passive fatigue suggest that driver errors are more likely to occur when the driver’s workload is low (i.e., on straight sections of roadway compared to curved sections; Matthews & Desmond, 2002), and following a boring automated drive (Saxby et al., 2013). Such performance impairment may be due to a lowering performance standard (Hockey & Sauer, 1996), or it may be a consequence of insufficient performance monitoring and lack of awareness (Matthews & Desmond, 2002).

tDCS

Evidence suggests that brain activity can be augmented non-invasively in a manner that can enhance aspects of cognition (Parasuraman & McKinley, 2014). In particular, a form of non-invasive brain stimulation known as tDCS has been shown to enhance cognitive performance on a variety of tasks such as working memory (Andrews, Hoy, Enticott, Daskalakis, & Fitzgerald, 2011; Hoy et al., 2013; Zaehle, Sandmann, Thorne, Jäncke, & Herrmann, 2011), visual search (Coffman, Trumbo, & Clark, 2012; McKinley, McIntire, Bridges, Goodyear, & Weisend, 2013) and fine motor skills (Kwon, Nam, Lee, & Kim, 2013). Using this technique, a very weak electrical current ($\leq 2\text{mA}$) is passed via electrodes adhered to the scalp and/or body to modulate neuronal activity in targeted brain areas. For a full description of the technique, see Wagner, Valero-Cabre, and Pascual-Leone (2007). Recent work has provided evidence that when applied to the left dorsolateral prefrontal cortex (DLPFC), tDCS can preserve vigilance performance over several hours (McIntire, McKinley, Goodyear, & Nelson, 2014) and these outcomes are robust over a variety of different vigilance tasks (Nelson et al., 2014; Nelson et al., 2015; McKinley et al., 2016). Even when executing multiple tasks simultaneously, performance on tasks that require attention/vigilance are selectively enhanced by exposure to tDCS (Nelson et al., 2016). This suggests that by modulating attention/vigilance via tDCS, it may be possible to enhance performance in more complex tasks and scenarios, such as driving a motor vehicle.

Although the literature is sparse on this topic, a recent study by Sakai and colleagues (Sakai et al., 2014) supports this hypothesis. The authors reported that tDCS applied to the dorsolateral prefrontal cortex (DLPFC) improved funda-

mental vehicle control and reduced driving errors (Sakai et al., 2014). Another study found that tDCS applied to the DLPFC resulted in a more careful driving style (Beeli, Koenke, Gasser, & Jancke, 2008), extending previous research showing tDCS applied to this brain region can diminish risk taking behavior (Fecteau et al., 2007). Although the results reported by Sakai and Beeli are promising, replication of those studies needs to be completed to provide further evidence in determining if tDCS could be administered as an effective countermeasure to combat passive fatigue and improve driving performance during a monotonous drive. In addition, physiological markers are being implemented to determine if a correlation can be detected between driving performance and tDCS. This effort was designed to examine these aspects directly. We expected that tDCS exposure would improve driver’s performance, relative to a null and sham condition, during a monotonous drive. As well, we expect that physiological markers (i.e., heart rate variability) can be analyzed to assess driver fatigue and will display greater variability for the null and sham condition compared to anodal tDCS.

Materials and Methods

Ethics Statement

The study was approved by the Air Force Research Laboratory Institutional Review Board. Before any specific procedures were performed, potential participants received an informed consent briefing along with a written copy of the consent document to sign.

Participants

A total of 13 active duty military personnel from Wright-Patterson Air Force Base were recruited for this research study (10 men and three women). Participants ages ranged from 21 to 34 years old with an average age of 27.5 ($SD = 4.3$). Participation was voluntary and participants were able to withdraw from the study at any time. All participants had a minimum of 4 years of driving experience, no physical disabilities, no history of emotional or medical conditions, did not have any color vision deficiency, and were not taking any medications that may affect neurological function. Participant’s ages were restricted to 18 to 42 years to ensure group homogenous and to reduce possible aging effects on driving performance.

Driving Task

This study used a SiLab Driving Simulator (Figure 1), which consists of a naturalistic $\frac{1}{4}$ cockpit and vehicle controls (throttle, brake, steering) with supporting computer hardware, software, and displays to provide a realistic immersive driving environment. The out-the-window scenery was presented on three LED video screens (LG LED 55” Television) covering a viewing field of 160° . Audio cues (traffic, throttle, brake noise) were presented to participants through stereo speakers (Creative, Inspire T10)



Figure 1. SiLab Driving Simulator Layout.

located in the laboratory simulation room at approximately 60 dB. The simulator software recorded a variety of relevant behavioral and physiological measurements, including time-aligned driving performance data. Sensor electrodes were incorporated into a biometric steering wheel to collect physiological data such as heart activity (ECG) and electrodermal activity (EDA). In addition, a prototype biometric seatbelt was used to detect ECG and respiration rate. The physiological measurements were recorded at a sampling rate of 60Hz.

The roadway geometry throughout each driving scenarios was constructed to be relatively uncomplicated, thereby minimizing driver workload (Ben-Bassat & Shinar, 2011) and increasing the experience of passive fatigue (Figure 2).

Anodal tDCS

The MagStim DC stimulator (Magstim Company Limited; Whitland, UK) was used to provide the tDCS stimulation. This battery-powered device was controlled with a microprocessor to ensure constant current at 2 mA, delivered through



Figure 2. Traffic scenes from a driver's point of view. Variations in the lead car's speed required the participant to adjust their speed accordingly in order to maintain a consistent distance. Traffic lane lines could be used as a visual cue for lane keeping. An example of the signs used in the n-back task can be seen on the right edge of the road.

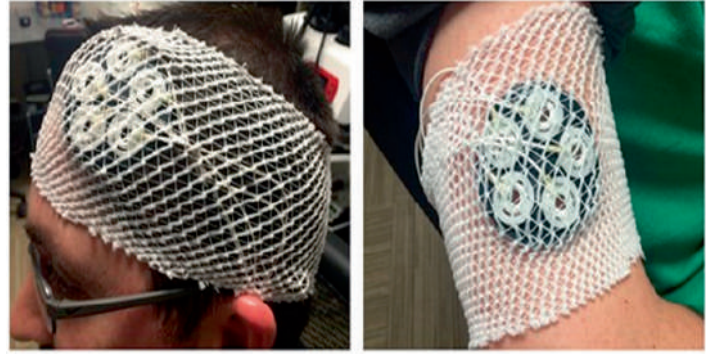


Figure 3. Electrode Placement for the Anode (left panel) and Cathode (right panel)

two electroencephalographic (EEG) electrode arrays. Each array included 5 smaller electrodes (with an inner diameter of 1.6 cm) arranged in a circular pattern, yielding a contact area of 2.01 cm². These electrodes are described in detail by McKinley et al. (2013). The positive tDCS electrode array (anode) was placed on a participants' scalp at site F3 according to the International 10-20 electrode placement system. This site is approximately located over the left DLPFC. The cathode was placed on participants' contralateral upper arm. An image of the tDCS montage is presented in Figure 3. A 2 mA current was distributed across the array of five electrodes for the anodal condition for a duration of 30 minutes starting at the beginning of the drive. Anodal tDCS has been shown to increase cortical excitability resulting in a net increase in natural brain activity when combined with a cognitive task (Brunoni et al., 2012). There were no adverse events reported from either tDCS or any other aspect of the experiment.

Procedure

A within-subjects experimental design was implemented where each participant completed three separate conditions in a random, counterbalanced order. The conditions included null stimulation with no tDCS, anodal stimulation (30 min at 2 mA), and a sham stimulation (30 s at 2mA). The first visit to the laboratory entailed a training day for each participant to become familiar with the task followed by the three separate conditions. Each experimental session was separated by 1 week to help minimize any carry-over effect from the stimulation that might influence performance during the next testing session (Brunoni et al., 2012). At the start of each session, prior to beginning the stimulation or driving task, participants filled out a mood questionnaire used by McIntire et al. (2014). The questionnaire asked participants to self-report aspects of their current emotional state, including their level of focus, excitement, distress, confusion, restlessness, stress, fatigue, contentedness, and worry. One minute after tDCS stimulation was initiated, immediately before beginning the experimental drive, participants were also asked to verbally report on skin sensations they experienced under the tDCS electrodes, on a scale of 1 (*no sensation*) to

10 (*extreme sensation*). Specifically, they were asked to rate their perceived intensity of itching, pain, heat, and discomfort. Participants then began the experimental drive, which was 45 min in duration. During that time, in the anodal condition, participants received tDCS stimulation for the first 30 of the 45 min drive. Following completion of the simulated drive, each participant completed the mood questionnaire (McIntire et al., 2014).

Data Analysis

All 13 participants completed a total of four 45-min simulated drives over the course of 4 weeks. Data analysis was conducted using the statistical analysis system (SAS Version 9.2). Distance from the lead car, distance from the center of the lane, and steering wheel reversal changes were identified as the primary performance metrics of interest in the driving task (Sakai et al., 2014). The root-mean-square errors (RMSE) for the distance from 100 m behind the lead car, the standard deviations for the distance from the lead car, the RMSE and standard deviations for the distance from the center of the lane, and the steering wheel and lateral reversal changes per minute were analyzed. Performance and physiological metrics for each 45-min driving sessions were assessed using 3 (tDCS condition: anodal, sham, null) \times 3 (time window: 0–15 min, 15–30 min, 30–45 min) \times 2 (road curvature: straight, curved) repeated measures analyses of variance (ANOVA). In addition, the change between the first (0–15 minutes) and last (30–45 minutes) time windows, averaged across road curvature, of the tDCS conditions were compared using a one-factor repeated measure ANOVA with two-tailed paired *t*-tests for a post-hoc paired comparisons. An α level of 0.05 was used for all statistical tests, however *p* values are provided for multiple testing adjustments.

Results

The ANOVA revealed a statistically significant interaction of tDCS condition and time window for the RMSE distance from 100 m behind the lead car metric, $F(4, 48) = 3.08$, $p = 0.025$, and this interaction did not vary significantly with “road curvature.” Therefore, the data was not segregated in to straight and curved sections. The means are presented in Figure 4 (Window A). To assess whether RMSE distance from 100 m behind the lead car changed over time, the difference in the early (0–15 min) and late (30–45 min) time windows was calculated. A repeated measures ANOVA was performed on the RMSE distance change with factors tDCS condition and road curvature. The results revealed a significant main effect of tDCS condition on the change in RMSE distance from 100 m behind the lead car, $F(2,24) = 3.50$, $p = 0.046$ (see Figure 4, right panel). Using two-tailed paired sample *t*-tests, Anodal was found to be significantly different from both sham ($p = 0.029$) and null ($p = 0.034$) as indicated by an asterisk next to the mean in Figure 4.

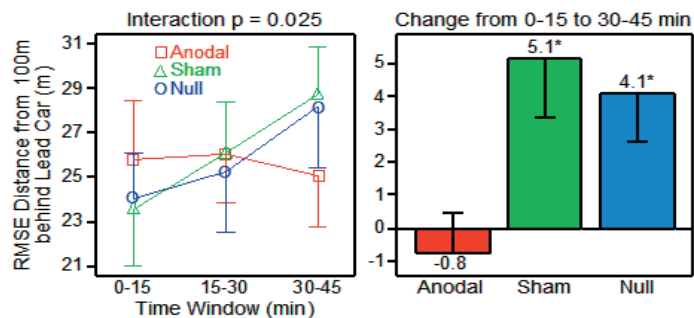


Figure 4. Mean RMSE distance from the lead car for each experimental condition (left panel). The mean difference in RMSE distance from the lead car between the early (0–15) and late (30–45) time windows is presented in the right window. Asterisks (*) indicate a significant difference with anodal tDCS.

Next, repeated measures ANOVAs were completed for each of the physiological measures. All of the heart rate data from the sham condition contained an artifact, which is believed to be caused by the sham signal emanating from the tDCS device. Attempts were made to filter the artifact out of the data, but these efforts were unsuccessful. As a result, the heart rate data from the sham condition was not included in these analyses. Nevertheless, a significant interaction between tDCS condition and time window, $F(2,24) = 6.44$, $p = 0.006$, was found for the standard deviation of the heart rate (Figure 5, left panel). There were no other significant main effects or interactions among the physiological metrics. The change in SD of heart rate between the early and late time windows was analyzed using a repeated measures ANOVA with tDCS factors condition and road curvature. There was a significant main effect of tDCS condition, $F(1,12) = 13.3$, $p = 0.003$, on the change in SD heart rate as indicated by an asterisk next to the mean (see Figure 5, right panel). Pearson partial correlations controlling for subject revealed significant ($p \leq 0.05$) positive relationships between SD heart rate and RMSE distance to the lead car for both anodal and the null treatment conditions. No

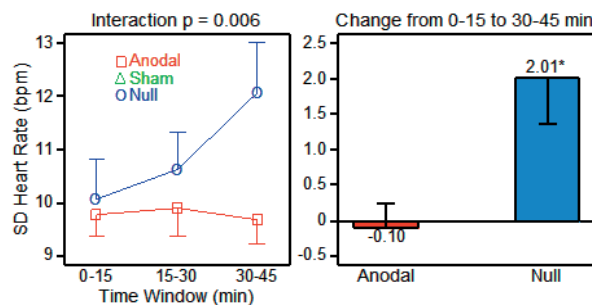


Figure 5. Mean of the SD of Heart Rate for anodal and null tDCS conditions in each time window (left Panel). The right panel presents the mean change in SD Heart rate from the early to late time windows. The asterisk (*) represents a significant difference between the SD Heart Rate change in the anodal and null tDCS conditions.

statistical significance was observed with respect to electrodermal activity (EDA).

In addition, the change in SD lateral position from the center of the lane from the early to the late time windows was calculated. A repeated measure ANOVA with factors tDCS condition and road curvature indicated a statistically significant main effect of tDCS condition, $F(2,24) = 3.95$, $p = 0.033$, and a main effect of road curvature, $F(1,12) = 37.68$, $p \leq .001$, on the SD of lateral position. To further investigate the effects of road curvature on lane keeping, the data was segregated into straight and curved road sections. Separate one-way repeated measures ANOVA examining differences between tDCS conditions was performed for each road curvature condition (i.e., straight and curve) and the results are presented in Figure 6 with the p values displayed above window. Using two-tailed paired t -tests, significant differences from the Anodal tDCS condition ($p \leq 0.05$) are indicated by an asterisk next to the mean. In addition, two-tailed paired t tests were used to determine whether the mean change was significantly different than zero (indicated in the figure as an error bar that does not cross zero). The p values for these tests are presented above the bars for each condition (Figure 6). In the straight road sections, there was a significant difference between anodal and sham ($p \leq 0.05$) and anodal and null ($p \leq 0.05$). In the curved sections, there was only a significant difference between anodal and null conditions.

For the n -back working memory task, an ANOVA revealed a significant interaction of tDCS condition and time window, $F(4, 48) = 3.49$, $p = 0.014$. Examining the means, there was a higher percentage of signal detections (i.e., hits) for the anodal condition during the 0–15 minute time window (anodal mean = 83.5, $SE = 3.9$; sham mean = 74.7, $SE = 4.6$; null mean = 69.2, $SE = 7.7$), but this decreased during the subsequent time windows to a level similar to the null condition and was not statistically significant (anodal mean = 70.3, $SE = 6.2$; sham mean = 62.6, $SE = 7.0$; null mean = 70.3, $SE = 8.5$). The results are

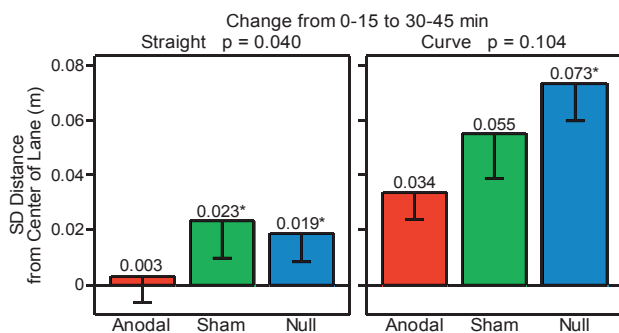


Figure 6. Mean change in SD distance from the center of the lane (i.e. lane keeping performance) from the early to late time window. The left panel contains the results for the straight sections of the road while the right panel shows results from the curved sections.

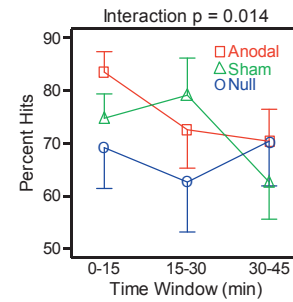


Figure 7. Mean percentage of n-back signal detections (i.e. hits) for each tDCS condition and time window.

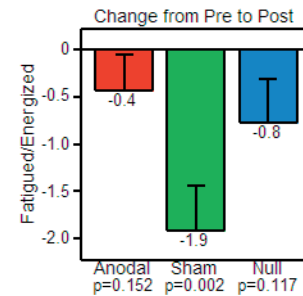


Figure 8. Average subjective pre- to post-drive fatigue/energetic ratings for each tDCS condition

presented in Figure 7. There were no significant effects of experimental conditions on false alarms in the n-back task.

A one-way ANOVA was completed for each of the mood questionnaire elements (pre vs. post), but no statistically significant differences were found across tDCS conditions. ANOVA test for pre- to postdrive subjective “fatigue/energized” ratings approached significance, $F(2, 23) = 3.21$, $p = 0.059$, and may have reached significance with a larger sample size. Examining the means, the sham condition displayed the largest decline (i.e., largest increase in fatigue).

Discussion

This study was designed to examine the effects of anodal tDCS applied to the left DLPFC on driving performance under passive fatigue stress. Because of the robust effects of tDCS on vigilance (McIntire et al., 2014; Nelson et al., 2014) coupled with the close relationship between vigilance and passive driver fatigue, we hypothesized that tDCS would extend and stabilize driving performance over the course of the drive. In addition, there was an expectation that working memory performance would be influenced based on work by Fregni et al. (2005), Andrews et al. (2011), Zaehle et al. (2011), and others. Because heart rate variability has been previously shown to vary with driver fatigue (Egelund, 1982; Patel et al., 2011), there was an expectation that this variable would also change significantly with performance during the simulated drives.

Our results suggest that 2mA of anodal tDCS applied to the left DLPFC helped maintain driving performance metrics over the course of the drive (i.e., distance keeping and lateral distance deviation) while performance in the sham and null conditions declined significantly over time. In addition, there were significant effects of tDCS on HRV and these effects were correlated with driving performance metrics (specifically distance keeping). Given the similarities between passive driver fatigue and vigilance (Desmond & Hancock, 2001), the improved driving performance was likely related to changes in sustained attention (Just et al., 2008; Sakai et al., 2014). In fact, the finding that driving performance was preserved with tDCS is similar to previous vigilance research that showed tDCS applied to the left DLPFC reduced or eliminated the vigilance decrement for at least 30–40 min (McIntire et al., 2014; McKinley et al., 2016; Nelson et al., 2015). Although many studies suggest that sustained attention/vigilance activates right prefrontal cortex (Coull, Frackowiak, & Frith, 1998; Funke et al., 2010; Lewin et al., 1996; Pardo et al., 1991), the preponderance of studies using tDCS have found stimulation of the left to be more effective in enhancing attentional performance (Coffman, Clark, & Parasuraman, 2014). For example, when applied bilaterally, tDCS has been shown to extend vigilance performance when the anode is over either the left or right DLPFC (Nelson et al., 2014). However, Nelson and colleagues argued that their vigilance task performance showed a small improvement in vigilance during stimulation when the anode was on the left. When not applied bilaterally, others have found that tDCS applied to the left DLPFC (i.e., F3 according to the 10-20 system) enhanced attention in a variety of attentional tasks (Gladwin, den Uyl, Fregni, & Weirs, 2012; Kang, Baek, Kim, & Paik, 2009; McIntire et al., 2014; Nelson et al., 2015). Helton et al. (2010) showed that although simple vigilance tasks often activate right prefrontal cortex, bilateral activity is observed as task difficulty increases. Hence, the apparent effectiveness of anodal tDCS applied the left prefrontal cortex may, at least in part, be due

Because of its role in working memory (Jonides et al., 2008), the left DLPFC has become a popular target for tDCS in working memory testing (Fregni et al., 2005; Andrews et al., 2011; Zaehle et al., 2011). To date, the results have been mixed. Researchers' findings have ranged from enhancements in either reaction time (Mulquiney et al., 2001; Teo et al., 2011) or accuracy (Ohn et al., 2008; Jeon & Han, 2012) to no effect on any working memory metric (Mylus et al., 2012; Sellers et al., 2015). We did find a significant interaction of stimulus condition and time window that indicated there may have been an initial benefit of tDCS on response accuracy, but this effect dissipated rapidly. Importantly, there appeared to be a ceiling effect among subjects in each condition, which was likely related to a low difficulty level of this n-back task. Participants were only asked to indicate replicate signs (a 1-back). A previous study

found that a 1-back had an error rate of only 2.3%, while a 2-back had an error rate of 12% (Mehler, Reimer, Coughlin, & Dusek, 2009) and that this error rate increases when concurrent tasks were included (Nijboer et al., 2016). Therefore, higher error rates would be expected as the difficulty of the task is increased. Increased difficulty would likely make the task more sensitive to effects of the tDCS paradigm. Future studies should increase the difficulty of the n-back to create a higher demand on working memory.

The evidence suggests that tDCS significantly influenced heart rate variability (HRV) as measured by SD of heart rate and these changes closely mirrored the fluctuations in distance keeping performance. Although the heart rate data for the sham condition was not usable due to an artifact from the tDCS unit, the data show that HRV increased in the null condition and remained constant over the course of the drive with tDCS. These trends were tightly coupled with similar changes in distance keeping performance. HRV has been used to assess driver fatigue (Patel et al., 2011), cognitive workload (Hancock & Verwey, 1997), and stress (Bornas et al., 2004). In general, increased HRV has been associated with decreases in cognitive workload and these changes have been observed in prolonged, monotonous driving (Horne & Reyner, 1995). Consistent with this finding, HRV increased over time in the null condition (i.e., when no tDCS was applied) as driving performance degraded. When tDCS was applied, there were no significant changes in either HRV or performance over the course of the drive. These trends match the observations in the vigilance literature (Nelson et al., 2014) and suggest that the tDCS prevents or postpones declines in attention, engagement, and/or workload that would otherwise naturally occur with time-on-task. These changes are reflected in the physiology, which may provide a useful feedback mechanism for tDCS delivery in the future. This possibility should be explored further in future studies. The lack of significant differences in the remaining physiological data collected is likely also associated with workload during prolonged drives. In a study of 121 young adult drivers, heart rate increased incrementally with increasing task demand (Mehler et al., 2009). Skin conductance and respiration rate were also significantly elevated. Of note, Mehler's driving task provided much higher levels of complexity and cognitive workload than that of the drives included in the present study. Hence, the differences in physiological findings may due to the fact that they are only present during driving simulations that are sufficiently complex and/or challenging rather than monotonous and boring.

Conclusions

Using tDCS to improve driving performance is a new area of interest in the study of sustained attention and the vigilance decrement. An extended monotonous drive can result in poor driving performance due to the loss of vigilance and passive fatigue (Sakai et al., 2014; Wiggins,

2011). Declines in vigilance and driving performance can result in increased probability of an accident. The data suggest that tDCS applied to a scalp location over the left DLPFC, can sustain driving performance for at least 45 min and declines in driver performance are coupled with changes in HRV. These findings provide further evidence that this technology warrants additional study in applied domains.

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Spotlight on History Testing

Paul A. Gade

The following is my first attempt at a profile/biography of Dr. John Gamewell Jenkins our society's first Chairman who served two years as chairman from 1946 to 1948. I tackled this job with some trepidation because Jenkins served a long time ago and I knew very little about him and when I first googled him I didn't find much more information. So I put this task aside for several years and focused instead in rounding up the biographies of our living past presidents and developing profiles for important historical figures in military psychology.

I periodically returned to Jenkins but not much changed until, while serving on the Society for Industrial and Organizational Psychology's (SIOP) history committee, I learned of SIOP's ambitious history project to develop and post biographies for all their past presidents and read Kim Johnson's biography of Jenkins who served as SIOP's (APA Division 14) second president. This motivated me to try again to profile John Jenkins and gave me some good leads for doing so. I say this is an attempt to do so implying that there will be improvements to this profile in the future as I find out more about this complex, ambitious, and in some ways dark man. If there any of you who read this that have more information on Dr. Jenkins please send it along to me. Also, if any of you have information on any of our past presidents or want to write a profile of one or more of them, please send them to me. If you want some help in writing a profile, send me a draft of what you have done.



John "Jack" Jenkins (1901–1948)

Dr. John Jenkins, "Jack" to nearly everyone who knew him, was the first chairman/president of the Society for Military Psychology, then known only as APA Division 19, Military Psychology. The first three leaders of the Society were called "Chairman" and each served a 2-year

term. In 1952, revised by-laws changed "Chairman" to "President" and established the 3-year term of service for presidents that prevails today of president-elect, president, and then past president.

As a late comer, Division 19 was the "tail-end Charlie" of the five sections of the American Association for Applied Psychology (AAAP) that became five of the 19 divisions under the merger with APA during the major 1945 APA reorganization. The other four divisions were Clinical Psychology (12), Consulting psychology (13), Industrial and Business Psychology (14), and the division of Educational Psychology (15). Technically speaking, Jenkins was our first "president" under the new APA format, although Commander C. M. (Mac) Louttit, a Navy clinical psychologist was the chairman of the AAAP Military Section when the AAAP sections were incorporated into APA and was the temporary division head until elections took place under APA (Gade & Drucker, 2000). At virtually the same time as Jenkins was elected chairman of Division 19, he was elected as president of Division 14, serving as their second president in 1946 according to the SIOP history (Johnson, 2016).

Dr. Jenkins, a 1929 Cornell Ph.D. graduate in psychology, took his first teaching job as an assistant professor at Iowa State College (now Iowa State University) in Ames, Iowa also in 1929. After a year he moved back to Cornell as an assistant professor where remained until 1937. At Cornell, he published a well-received text book in business and industrial psychology in 1935 entitled *Psychology in Business and Industry: An Introduction to Psychotechnology*. This was one of the earliest textbooks in business psychology. This book was Jenkins's call for more rigor, experiments, and statistical analyses in business psychology eschewing the anecdotal and subjective narrative ways of developing psychological knowledge. He called this new emphasis psychotechnology to distinguish it from the subjective ways of generating business psychology knowledge.

Harry Byrd became president of the University of Maryland in July 1935 and as part of his plan to make the University of Maryland a great university, he wanted to develop a good department of psychology. Byrd asked prominent people in psychology for recommendations for a psychologist *who could do this and as a result* between 1936 and 1937 he recruited Jenkins to chair the department and to develop an applied psychology program. Although Jenkins acted Byrd's offer in 1937, it wasn't until January

1938 that Jenkins moved to the University of Maryland to assume the chairmanship of its small, two-man psychology department. He was given two additional faculty positions and filled one with Edwin Ghiselli whom he actually hired while at Cornell and brought with him after accepting the Maryland position. With the help of Ghiselli, he filled the other new assistant professor position in the fall of 1938 with Roger Bellows a well-respected psychologist working for Carroll Shartle (who was largely responsible for developing the Dictionary of Occupational Titles,) the at the United States Employment Service in Baltimore.

From all reports, Jenkins was a charismatic and energetic leader and teacher who had many friends and admiring colleagues. In a brief summary Ghiselli describes the department's early history under Jenkins's chairmanship as follows: "we had many visitors from other universities who were curious to see the new experiment and to wish Jack well. I couldn't begin to list them all. But their visits were all minor celebrations. We gathered for libation, good fellowship, professional gossip, kidding, and serious discussion. Lazarsfeld, Shartle, Lucas, McGeoch, Bingham, Johnson, Dallenbach, Husband, and Britt, were among the visitors. We averaged about two visitors every three weeks" (Ghiselli, 1958). These were exciting times for both the faculty and students at Maryland as Ghiselli put it "Jack was the center of the group and the energizer. Without him we would have been as pedestrian as any other people. With him we were electrified, self assured, energetic, and literally bursting with the good things of life. Morale was high. Jack stimulated and guided us but never directed us" (Ghiselli, 1958).

In addition to being chairman of the department and a teaching professor, Jenkins chaired the National Research Council (NRC) Committee on Selection and Training of Aircraft Pilots from 1939 to 1940 and directed that committee's research program from 1940 to 1941. His work in anticipation of WWII resulted in the Navy being well prepared to utilize psychology and psychologists in aviation research and training when the war came. In January 1942, the NRC assigned Jenkins to head the Medical Research Section of the Bureau of Aeronautics. Simultaneously, the Navy appointed Jenkins the first of only three psychologists given direct commissions as a Lieutenant Commander (LCDR) during the war. The other two were Jack Dunlap (Division 19's fifth president) and E. Lowell Kelly. In October 1942, the Navy Surgeon General established the Aviation Psychology Branch in the Aviation Medicine Division of the Bureau of Medicine and Surgery and appointed Jenkins to head it. The Aviation

Psychology Branch was responsible developing and maintaining a battery of psychological tests to select men for flight training. In accomplishing this, Jenkins built up an organization of approximately one hundred psychologists. Because of his skill in organizing, selecting, and leading people, the program was highly successful in improving flight training success thereby saving lives and money. The Navy so appreciated Jenkins's work during the war that he was the only Navy psychologist to be promoted to Captain before his discharge in 1945.

Jenkins was deeply affected professionally and personally by his 4 years of wartime service. Professionally the people he associated with during the war impressed him greatly and it was during this time he formulated his plans for a postwar revitalization of Maryland's psychology department. He vigorously implemented those plans on his return to the department in 1945 recruiting ten new psychologists between 1945 and 1948 and greatly expanding the course offerings in the department. Personally he was very troubled by the use of nuclear weapons during the war and worried that mankind would destroy itself with these terrible new weapons. By 1947, there were apparently clear signs that the professional and personal burdens Jenkins carried during the war and during the revitalization of the department afterward weighed heavily on him and he was suffering from severe depression. By Thanksgiving of 1947, he had become deeply depressed and stopped teaching at the Christmas break. On January 30, 1948, Jack committed suicide in the basement of his home in College Park (Benjamin, 1997; Petho, 2016).

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Division 19 Membership Committee

Jessica M. Martin, PsyD

Greetings! Let me take a moment to introduce myself as the new Division 19 Society for Military Psychology Membership Committee Chair and to say a huge THANK YOU to Dr. Michelle Kelly, Ph.D., Professor and Chair of Psychology at Old Dominion University in Norfolk, VA, for providing outstanding leadership over these last few years. I am a full-time psychologist within the Substance Treatment and Recovery (STAR) clinic at the Oklahoma City VA and have dedicated both my training and early career to serving military populations. In addition to being a psychologist, I am also serving as a CPT in the U.S. Army. My hope, as membership chair, is to assist in the continued membership growth by enhancing communication amongst various DOD and VA agencies whose primary demographic is serving both service members, veterans, and their respective family members. Presently, our membership committee includes Michelle Kelly, PhD, (former chair), Joanna Dziura, PhD (Madigan Army Medical Center), Leah Rowe, PhD, David Barry, PhD, and Alexander Wind, PhD.

To start, we are in the process of gathering the total membership numbers following a spectacular 2018 APA Convention. We are hoping to work closely with Division 19 Student and Early Career Membership Committees to enhance membership numbers and continue to boost growth by 3–5% in the next coming 2018–2019 year. We will continue reach out to all Veteran Affairs training directors and associated consortiums, chairs of graduate psychology programs, and Department of Defense training directors. Further, if you have any ideas for increasing membership, we would love to hear from you. Please contact me at jessmart82@yahoo.com

How to be a Member in DIV 19?

Membership within Division 19 Society for Military Psychology provides the opportunity to network with students and professional psychologist in the field. With our social networking groups, listserv, APA convention social events, and large international network, we hope that you will make new friends, network to find new colleagues, and connect with new mentors in a supportive community.

Membership Categories

Members

Members must have a doctoral degree in psychology or a related field from a regionally accredited institution. Annu-

al dues are \$27 and DIV 19 members must also be APA members.

Associates

Associates must have a master's degree or two years or graduate study in psychology or a related field at a regionally accredited institution. Annual dues are \$27 and DIV 19 associates must also be APA associates.

Fellows

Fellow status is an honor bestowed upon DIV 19 members who have shown evidence of unusual and outstanding contribution or performance in the field of military psychology.

Affiliates

There are three types of DIV 19 affiliate categories: professional affiliates, international affiliates and student affiliates. International affiliates and student affiliates may or may not belong to APA and professional affiliates do not hold membership in APA.

Other Membership Subtypes

Early Career Psychologists

All individuals with degrees conferred within 10 years are considered to be early career psychologists (ECPs) within the division. However, professional and international affiliates are not automatically tracked by our division's systems. If you are a professional or international affiliate within 10 years of receiving your degree, please contact the Div. 19 membership chair to be added to our ECP list.

Dues-Exempt (Life Status) Members, Associates and Fellows

If you have received dues-exempt status from APA, then you are eligible to receive the journal *Military Psychology* for \$19. Simply go to the APA division membership application and renewal website and follow the instructions.

Graduating Students

If you are a dues-paying student affiliate during the year of your graduation, you are eligible to be automatically granted member, associate, professional affiliate, or international affiliate status for the remainder of the calendar year at no cost. You will also be automatically added to our ECP Listserv and connected with ECP-specific resources. This new status would

immediately make one eligible for awards and grants for the various membership categories. To take advantage of this free service, please contact the Div. 19 membership chair and send the following information:

- Name:
- Month/Year of Degree Conferral:
- Type of Degree Conferred:
- Current APA Membership Status:
- APA/APAGS Membership # (if applicable):

Please follow the below link for membership information:

<https://www.militarypsych.org/prospective-members.html>

Thank you for your memberships and support of military psychology. If you have any questions, comments, or ideas on how to improve membership, please let me know!

Warmest regards,
Jessica M. Martin, Psy.D.
Jessmart82@yahoo.com

SOCIETY FOR MILITARY PSYCHOLOGY

Division 19 of the American Psychological Association **Election Results**

We would like to congratulate our newly elected members and thank all the candidates for running for office in the recent Society for Military Psychology election.

The following newly elected members will begin their term in 2019:

Eric Surface (President-Elect)

Bruce Crow (Member-at-Large)

Rebecca Blais (DIV 19 Representative to APA Council)

The Election Committee:

Stephen Bowles (Chair)

Arlene Saitzyk

Tatana Olson

Paul Bartone



Student Affairs Committee

Kelsi Rugo

The Student Affairs Committee would like to congratulate three fantastic student chapters that were selected for our *2018 Outstanding Chapter* award. Chapters from across the nation competed for this recognition and were evaluated based on campus engagement, involvement within the Society for Military Psychology, and service to the greater community. After tough competition, three chapters were selected for the award and will receive \$100 to spend on chapter activities on their respective campuses.

American School of Professional Psychology, Argosy University, Northern VA

Campus Representative: K. C. Orgeron
President: Alexandra Carry
Faculty Sponsor: Dr. Michael Lynch

Our ASPP, Argosy University, Northern VA chapter held an informational meeting on their campus aimed at increasing awareness of military psychology and membership recruitment. At this meeting, they also distributed a survey to identify didactic topics of interest among their chapter membership and broader campus community to guide strategic planning for 2019 events. They also hosted presentations on Army and Air Force Clinical Psychology



Air Force presentation May 2018.



Argosy student and LTC Engerran.

Programs that were supported by members of the Society for Military Psychology to include LTC Deborah Engerran, PsyD, ABPP, and Lt Col David Cordry, PhD.

George Fox University

Campus Representative: Tricha Weeks
Faculty Sponsor: Dr. Rodger Bufford

Our George Fox University chapter has hosted several engaging events over the past year, including trainings aimed at increasing cultural competency for military personnel and law enforcement officers, webinar viewing groups for military psychology webinars, and a partnership with an Oregon Army National Guard Family Readiness Group to provide 45 stuffed stockings for the unit's Family Christmas Celebration. This chapter was also active in the Student Affairs Committee's Veterans Day 5K helping to raise funds for three veteran-run nonprofit organizations in the community. They are also actively connecting with undergraduate student veterans to offer support and a shared mission on campus.



Catholic University of America.

Catholic University of America

Campus Representative: Katt Rahill
Faculty Sponsor: Dr. Marc Sebrechts

Our CUA chapter has been busy hosting a wide range of military psychology-related programming on their campus—impressively including the introduction of CUA’s first Military Psychology course in the Psychology Department. They are also actively working on establishing a minor certification or MA program in military psychology on campus as well. In addition to this, the chapter executed an “Introduction to Military Psychology” event in which they invited retired and active duty service members to talk about their respective branches in the military, its command structure, and the impact of military psychology across services. The CUA chapter also hosted our Society’s ECP Chair, Maj Ryan Landoll, PhD, to talk about his transformative research on behavioral health care in the Air Force and on women’s sexual health in the military. They were also busy serving their community throughout the year via winter jacket drives for the local VA hospital and participating in wreath laying ceremonies at Arlington Cemetery.



Please join us in celebrating these outstanding students and chapters!

Early Career Psychologists Committee

Ryan Landoll

The Early Career Psychology (ECP) Committee is excited to announce our inaugural recipients of our ECP Professional Development Grants. These grants are designed to encourage ECPs to explore areas that represent the breadth and diversity of the division. As such, these grants can be used to fund seed money for research grants, attend workshops or conferences, defer expenses for licensure or board certification, or any other worthwhile professional activity. Recipients traveled to San Francisco this year to present their projects to division leadership in our hospitality suite. Read on to hear more about these impressive Early Career Psychologists and their work and be sure to check out our website at Caution-www.militarypsych.org/ecp-Caution-home.html



Wyatt R. Evans is a clinical psychologist and trauma psychology fellow at the University of Texas Health Science Center San Antonio. He currently serves as a research therapist for the STRONG STAR Consortium and Consortium to Alleviate PTSD and a research associate with the National Center for PTSD. He received his PhD in Clinical Psychology from Palo Alto University in 2017, completing clinical and research training at the VA Palo Alto Health Care System and his pre-doctoral internship at the Michael E. DeBakey VA Medical Center in Houston before accepting his current position at Fort Hood.

Dr. Evans has extensive training and experience in providing prolonged exposure (PE), cognitive processing therapy (CPT), and acceptance and commitment therapy (ACT), and his clinical interests are in combat and operational stress injuries among active duty service members and veterans. His ongoing research includes development of an ACT protocol for combat veterans experiencing moral injury and implementation evaluation of PE and CPT.

The Military Psychologist

Among other service and leadership roles, Dr. Evans currently serves on the Military Diversity Committee of Division 19.

Dr. Evans statement, “I am extremely grateful and honored to have been selected as a recipient of one of the inaugural professional development grants from the Early Career Psychologist Committee of Division 19! I recently completed the first year of my two-year fellowship and, thanks in large part to this grant, I was able to simultaneously complete the requirements for licensure in Texas. Startup costs, including licensing exam and application fees can make getting started as an ECP difficult. Having completed this process with a year left in my fellowship at Fort Hood, I intend to extend my practice into the surrounding community to provide culturally competent care to service members and veterans off post.

A portion of these funds also enabled me to travel to San Francisco for the 2018 APA Convention where I was able to connect and reconnect with Division 19 members and affiliates. As a member of the newly reformed Military Diversity Committee, attending Convention also allowed me to learn more about the division’s missions and goals and participate in dialog about ongoing efforts within the division. I am honored to be a part of this division and look forward to continuing my involvement with and service to Division 19!”



Ashley DeMarco received her Ph.D. in clinical psychology from the University of Kansas in 2017 with a health specialization. Her clinical work primarily focuses on military populations and trauma-related issues. She completed practicum and internship training at Veteran Affairs Medical Centers, which sparked her passion for working with veterans. In her current role as a staff psychologist at Texas Tech University’s Student Counseling Center, she con-

tinues to pursue her passion for working with the military population. With over 2,000 student-veterans and family members of veterans attending Texas Tech, there is a demand for mental health services that can address the needs of this unique population. To meet these needs, Dr. DeMarco serves as the counseling center's liaison to Texas Tech's nationally recognized Military Veteran's Program (MVP), where she provides education to faculty, staff and student-veterans on an array of mental health topics. Her work with the MVP proactively connects student-veterans to services they need to successfully transition back into civilian life. She also treats most student-veterans who present to the counseling center for services while also providing practicum students and interns with training in evidence-based treatments for PTSD. Given these roles in both providing direct care to student-veterans and education to the greater Texas Tech community, she plans to use the Division 19 Professional Development Grant to stay current on veteran related issues and empirically supported treatments for this population.

In pursuing this goal, Dr. DeMarco attended the APA convention in August and will attend the Combat PTSD Conference in October. Both events provide the opportunity to network with other psychologists and stay abreast of new research needed to deliver the best treatments for veterans. The Combat PTSD conference offers to enhance her assessment and treatment skills for PTSD through learning from leading researchers in the field and deepen her knowledge of comorbid conditions and outcome research impacting the military population. Dr. DeMarco will use the information gleaned about outcome research to identify factors related to risk and resilience in the student-veteran population and work with faculty, staff, and agencies on campus through outreach to help support student-veterans.

Furthermore, Dr. DeMarco will use these professional development opportunities to benefit the trainees at the counseling center, including both practicum students from Texas Tech's doctoral programs in counseling and clinical psychology as well as doctoral interns. As the coordinator and supervisor of the counseling center's trauma rotation, she provides didactics and training to interns and practicum students on Cognitive Processing Therapy and Prolonged Exposure as well as on working with the military population. This is an important role in helping prepare practicum students go on to placements at the local VA CBOC or to VA internships. Through enhancing her knowledge of military related mental health issues, she plans to continue providing training on empirically based treatments for future clinicians while also working to create a supportive culture at Texas Tech, targeted at reducing risk and improving quality of life for student-veterans.



Jessica Ford is a Clinical Health Psychologist and Assistant Professor in the Department of Psychology at East Carolina University, with an adjunct appointment in the Department of Cardiology. She conducts research on the relationships between mental health conditions and cardiovascular diseases, with a special interest in U.S. service members and veterans. She has previously worked in interdisciplinary and specialty medical settings, VA hospitals, and as a civilian employee of the department of the Army. In addition to research and teaching, Dr. Ford also leads a behavioral sleep medicine service in the departmental training clinic.

Explanation of Work:

The Division 19 Early Career Professional Development Research Grant will fund Dr. Ford's project entitled, *Stigma and Health Consequences of Delayed Mental Health Treatment among Air Force Pre-Retirees*. Specifically, the funding will be used to enhance the qualitative arm of a mixed-methods examination of the contributors and consequences of delayed mental/behavioral health treatment-seeking among Air Force preretirees. This project was developed in collaboration with the Seymour Johnson Air Force Base (SJAFB) 4th Medical Group commanders who noted an influx of service members seeking treatment just before retirement.

A substantial minority of service members who screen positive for posttraumatic stress, generalized anxiety, or depression after a deployment ultimately do not seek mental healthcare (Hoge, Auchertlonie, and Milliken, 2006). In addition to persistent mental health concerns associated with deployments and work in a high-stress environment, the stress associated with retirement may increase pressure to seek mental healthcare during transition (Lytle, Foley, & Cotter, 2015). Documented structural, career, and cultural barriers to mental healthcare for service-members (Cornish, Thys, Vogel, & Wade, 2014; Crawford et al., 2015; Elbogen et al., 2013; Sayer et al., 2009) may dissipate in the period just before retirement and facilitate treatment seeking among those who previously have not sought mental/behavioral healthcare. Although anecdotal evidence suggests that service members are seeking

needed treatment at pre-retirement, delayed treatment for mental health concerns is associated with more recalcitrant presentation of mental illness (Ghio, Gotelli, Marcenaro, Amore, & Natta, 2014) and increased rates of comorbidities and poor health (Edmondson & von Känel, 2017; Moussavi et al., 2007). The funded project will examine the phenomenon of delaying treatment until pre-retirement, the characteristics of those who delay treatment, and the health consequences of such behavior.

Up to 30 of individuals recruited from the Behavioral Health Clinic into the larger study will also be invited to participate in qualitative interviews. An interpretive phenomenological approach to data collection and analysis

will be used to examine the lived experience of those who waited until just prior to retirement to initiate behavioral health treatment, themes and processes related to barriers to care, and facilitators of treatment-seeking across the career. Through this work we hope to gain insights related to the important barriers to care which eroded and facilitators present which spurred treatment-seeking. Further, we hope to gain a deeper understanding of the lived experience of individuals who are choosing to initiate treatment prior to retirement.

References available by request from the Editor, The Military Psychologist



SOCIETY FOR MILITARY PSYCHOLOGY

Division 19 of the American Psychological Association

Society for Military Psychology: NEW Website



Check out Division 19 Society for Military Psychology website: www.militarypsych.org

This website will keep you up to date with the Society's goals and progress as well as information on how to join and get involved. The website provides information regarding:

- Information from the leadership
- News and events
- Training, continuing education, and career opportunities
- Awards
- Access to publications—*Military Psychologist* Journal and the online version of *TMP* newsletter
- Membership updates

The Society is dedicated to the advancement of science, improvement of practice and development of leaders, goals that are anchored in an unwavering commitment to ethics and a call to serve. Our community represents the diversity that defines the profession of psychology with our members engaged across the spectrum of the field in the Department of Defense and the Department of Veterans Affairs. Division 19 has continued to demonstrate growth, largely due to our commitment to, and support of, our students and early career professionals.

The Society for Military Psychology encourages research and the application of psychological research to military problems. Members are military psychologists who serve diverse functions in settings including research activities, management, providing mental health services, teaching, consulting, work with Congressional committees, and advising senior military commands. The division presents four annual awards at the APA convention, including the Yerkes Award for contributions to military psychology by a nonpsychologist, plus two student awards, one of which is a travel award. Members receive the quarterly journal *Military Psychology* and the newsletter *The Military Psychologist*, published twice a year.

For specifics, please go to the DIV19 NEW webpage:

<http://www.militarypsych.org>

APA Program Committee Report

Angela Legner

On behalf of your 2018 Program Committee, I would like to extend a heartfelt thank you to all our presenters, both members and students, for making the Division programming in San Francisco a success! One of our greatest assets as a Division, is our diversity of members from across the field of military psychology. Your support and contributions to the Division are noteworthy, and afforded the program committee an opportunity to foster, educate, and promote the heritage and traditions of our Society.

Thanks to the record number of high-quality submissions that were received this year, our members enjoyed 19 hours of convention programs, including 14 hours of CE workshops, and 6 collaborative programs. This was a significant increase from last year. We also saw a large increase in the number of posters from 40 in 2017 to 80 this year. As our Division membership continues to grow, it is my hope that the Program Committee will be able to offer more program hours at future conventions.

This was a year of firsts for the Division. Our Division participated in our first APA “Science at Sunset” Poster Competition, which was held on Saturday, August 11, 2018 in the main convention hall in the Moscone Center. As a participating Division, we were tasked with selecting the top two posters, one from an APA member and one from a student, that were innovative, utilized rigorous methodology, and made a meaningful contribution to the field. Poster authors who participated in the poster competition, were eligible to win a cash prize of \$3,000 for APA members, or \$2,000 for students if they were selected by the APA Convention Poster Competition Committee. Congratulations to Dr. Wendy Law and Kaitlyn Gorman for representing our Division at the APA Poster Competition! We salute you for contributions to our field.

Comparing Mayo-Portland Adaptability Inventory-4 and -m in a Military Treatment Facility Population

Wendy Law, PhD, Alana C Snelling, BS, BA, and Stephanie Marble, BS, Walter Reed National Military Medical Center, Bethesda, MD, Larissa Yashko, MS Uniformed Services of the Health Science, Bethesda, MD, Katherine Sullivan, MS and Louis French, PsyD Walter Reed National Military Medical Center, Bethesda, MD

Examination of Factors Associated with Future Homelessness Among OEF/OIF Veterans

Sara R. Pedersen, BA, and Kaitlyn R. Gorman, MA, VA Boston Healthcare System, MA; Raymond C. Rosen, PhD, New England Research Institutes, Watertown, MA; and Terence M. Keane, PhD, and Brian P. Marx, PhD, VA Boston Healthcare System, MA (D-14)

In addition, this year our members enjoyed additional suite sessions including speed mentoring with Early Career Psychologists (ECP) and students, social hours, research presentations, and a guest presentation from our International Committee. Thank you to our Suite Coordinator, Dr. Ryan Landoll, for his hard work and dedication. Also, thank you to Kelsi Rugo, this year’s Student Affairs Chair and Suite Assistant, for her tireless efforts in ensuring our suite was open for suite sessions, and stocked with food and beverages.

Last, we would like to announce the following changes to our committee for 2018-2019:

- Dr. Lindsey Monteith has completed her 3-year term on the Program Committee. Thank you, Dr. Monteith for your wise counsel, as well as your hard work and dedication to the Division. You will be missed! We wish you well on your future endeavors and hope you will continue to stay active in the Division for many years to come!
- Dr. Angela Legner has transitioned from 2018 Chair to 2019 Past Chair.
- Dr. Ryan Landoll is the incoming 2019 Chair. He will be your primary point of contact for the 2019 convention. We invite you to visit the Convention Page on our website, militarypsych.org for his email address, as well as updates on program submissions, and other information pertaining to the 2019 APA Convention.

We hope to see you next year in Chicago!

Angela Legner, PsyD, 2018 Chair
Lindsey Monteith, PhD, 2018 Co-Chair
Ryan Landoll, PhD, 2019 Chair

APA's 126th Annual Convention

Pat DeLeon

A City by the Bay

The 12,300+ who attended our annual convention this August in San Francisco were pleasantly reminded during President Jessica Henderson Daniel's remarkable Opening Session why many of us chose psychology – to serve society and help make the world a better place for all. Hawaii colleagues were ever present. Former Hawaii Psychological Association (HPA) President Jill Oliveira Gray received the Division 31 Outstanding Psychologist award; Sunday morning, she described the importance of Expanding Behavioral Health Services in Rural Settings Through Innovations in Training, especially involving Native Hawaiians. Another former HPA President, Kate Brown, moderated the heart-warming discussion by Jessica's Citizen Psychologists who have throughout their impressive careers “given psychology away” to their local communities.

Judi Steinman, President-Elect of Division 55, received the Division's Psychopharmacology Educator of the Year award. During the convention she participated in several panels addressing the transformational movement toward training clinical psychopharmacology (RxP) at the pre-doctoral level. “HPA maintains its commitment to pursuing prescriptive authority for specially trained psychologists in our state. Our ongoing challenges with underserved rural and overpopulated homeless communities across our islands highlight the continued, urgent need for better mental health care access. Increasing numbers of local students have expressed interest in becoming prescribing psychologists for their underserved communities and will be fully engaged in the effort to move legislation forward.” One of the major themes that was expressed throughout the RxP presentations was that the key to successful advocacy was to develop grass roots community support and consistently be client, rather than guild-focused. This approach has always been HPA's strength.

Military Medicine

One of the most fascinating aspects of working at the Uniformed Services University (USU) is interacting on a daily basis with dedicated, experienced faculty and the truly inspiring next generation of our nation's federal health care providers. Medical and Clinical Psychology graduate student Sade Soares is beginning her clinical internship this fall at the Tripler Army Medical Center. She is a 2010 graduate of West Point. Her husband and two very young children are Native Hawaiian. Not surprisingly, her dissertation focuses upon the relationship between Native Hawaiian cultural identity and health/wellness.

The military (including its family members) possesses its own unique culture, strengths, and challenges. Maintaining Readiness is a critical responsibility and the visionary faculty at the USU Daniel K. Inouye Graduate School of Nursing have developed an impressive two week series operational curricula—Military Mountain Medicine, Cold Weather Medicine, and Dive Medicine. Learning the most up-to-date clinical skills is absolutely necessary; but it is not sufficient. Future providers must also be physically, emotionally, and operationally ready. Matt Welder, Ian Wedmore, and Matt D'Angelo have taken the lead in embedding psychology and mental health nursing students into their training modules in order to provide them with “real life” experiences in learning how to appropriately treat military service members as part of an interprofessional team, in what will often be extraordinarily austere and hostile environments. Hannah Martinez and Julia Garza participated in their most recent module. Their enthusiastic observations:

“It was a lot like drinking water from a fire hose, but we learned so much. Not only did we gain medical knowledge that makes us a more valuable member of an operational team, but we made interprofessional connections that will last for the rest of our careers. Having to ask what the definition of medical terms are a couple dozen times a day really lends itself to getting to know the people around you! It was also amazing to be able to show other medical providers the utility of psychology and emotional readiness in an operational environment. We were able to answer questions, give unique perspectives, and we even presented on psychological topics to the entire class (for example, cognitive deficits related to insomnia and high altitude psychosis). Our leader [Matt Welder] believes in what we do – he is not scared to correct people who think emotional readiness isn't important, which is so reinforcing to a couple of ‘shrinks’ among some of the top medical minds in the military!” (Hannah).

“There was such a steep learning curve while we were there but we learned so much in the short amount of time we were there. We were both ecstatic that we passed the final exam on the last day because we lacked the initial medical knowledge several of the other individuals in the class had. I think it also gave me an even deeper respect for the medical providers and individuals who provide care within austere conditions, such as on deployment or within a wilderness environment. It was pretty amazing being able to interact with the wide

range of providers and individuals that work within Special Operations. It was also really nice to hear our leader talk about how much he valued emotional readiness to prepare service members for operational settings. Being at the Mountain Medicine course also gave us several opportunities to discuss our role as a behavioral health provider with some of the service members that work with the Special Operation teams. There were also a couple of former USU graduates from the medical school that happened to be at the course and one of them repeatedly talked about the utility our field can offer to the teams.”

“In both the public and private healthcare environments, there has been increasing emphasis on interprofessional care within the larger field of psychology and this trend has been especially seen within the military through the number of increased embedded and operational billets. This course provided exposure to interprofessional care by having us working closely with medics, physician assistants, physicians, and advanced practice nurses (APRNs). I appreciated that the other students were very willing to hear about my clinical experiences through a psychology perspective, and they were also willing to share their various medical experiences. Interacting with individuals that have worked within Special Operational settings gave us both an intriguing perspective on how psychologists could potentially be utilized to help ensure deployment readiness, whether that be helping service members sleep more efficiently or helping other providers be more aware of potential behavioral health concerns. More broadly, the course gave me a greater apprecia-

tion and understanding of the amount of detail involved in helping to provide care and rescue services to members in austere geographical locations. It was especially challenging because it forced me to be able to handle potential crises while in an unfamiliar environment. But, developing this skill is vital. It is important for behavioral health providers to have a real understanding of the conditions their patients may have been exposed to while working within an operational setting. We both hope to be able to attend Dive Medicine next year” (Julia).

Most appropriately, during our San Francisco convention USU’s Jeff Goodie presented the APF Rosalee G. Weiss Lecture for Outstanding Leaders in Psychology – “Integrating Behavioral Health in Primary Care and in Communities Following Tragedies: Lessons Learned.” Jeff is a Commissioned Officer in the USPHS.

We were personally particularly pleased to learn that just after our convention, during the U.S. Senate passage of the Labor-HHS-Education FY’19 Appropriations bill (the DOD/LHHS Minibus), that Hawaii’s Senator Brian Schatz was successful in having an amendment adopted which directs SAMHSA to assess the ongoing mental health impact on the children and families affected by the recent volcano eruptions (VOG). His amendment calls for a needs assessment and for developing mental health crisis recovery plans targeted to these unique circumstances. Aloha,

Pat DeLeon, former APA President
Hawaii Psychological Association
September, 2018

One Year In: An Update from APA's New Military & Veterans Health Policy Director

Heather O'Beirne Kelly, PhD

Division 19 leadership and members were instrumental in former American Psychological Association (APA) Interim CEO Dr. Cynthia Belar's establishment of a new position in the Practice Directorate in 2017. I was honored and delighted to be named APA's first Director of Military and Veterans Health Policy last June, and I want to share with you some of what we prioritized and accomplished over this first year, while also looking forward to some of the challenges and opportunities that lie ahead.

Many of you know that I served as a senior lobbyist in APA's Science Directorate beginning in 1998; much of my work during those years focused on advocating on Capitol Hill and within the federal agencies for the psychological research programs at the Departments of Defense (DoD) and Veterans Affairs (VA). This new position allows me to more expansively and holistically address military and veteran health issues on behalf of APA, reflected in my new mission statement and three primary priorities:

Mission: *APA's Military & Veterans Health Policy Director works to support military personnel and veterans, their families, their caregivers, and their communities, as well as the psychologists who serve these populations.*

Within each of the three **Major Priorities** are more specific goals:

1. *Promote mental health and well-being of military personnel, veterans, their caregivers, and their families*
 - Prevent suicide in military/veteran populations
 - Promote the use of evidence-based psychotherapies in DoD and VA
 - Ensure mental health promotion is included in the transition period from active duty to veteran status
 - Promote health research relevant to military personnel and veterans
 - Protect integrated care at the VA and oppose its privatization
2. *Protect and expand the scope of practice for DoD and VA psychologists; promote all psychologists as key providers and leaders in healthcare with military/veteran populations*
 - Reverse devastating reimbursement rate cuts to TRICARE provider psychologists
 - Obtain prescribing authority for VA psychologists
 - Obtain full Title 38 status for VA psychologists
 - Promote DoD and VA psychologists within the larger military/veteran healthcare space

- Train practicing psychologists in all healthcare sectors as competent providers of care to military/veteran populations
3. Provide targeted support for subgroups of military/veteran populations with greater potential mental health concerns, including:
 - National Guard/Reserve components
 - Women servicemembers and veterans
 - Families of servicemembers and veterans
 - LGBT servicemembers and veterans
 - Wounded/disabled servicemembers and veterans
 - Veterans with other than honorable discharges
 - Criminal justice-involved servicemembers and veterans
 - Student veterans

So, how (and what) did we do?

It has been a busy year, full of both proactively pushing out our APA priorities and reacting as issues arose in real-time with evidence-based responses to the White House, federal agencies, and Congress. As always, we approached our advocacy as the lead (and sometimes sole voice) on a number of important issues while also working in coalitions of other stakeholders for more leverage.

Congressional Appropriations Testimony

In addition to providing our annual APA appropriations testimony to Congress on funding for DoD and VA, we also were successful in getting powerful individual Senators to push our APA language this year. Though the two bills funding DoD and VA for Fiscal Year 2019 await the President's signature as I write this summary, it is likely that we will see positive results for a number of our requests, including increased funding for mental health staffing, suicide prevention, and pain management at the VA, as well as increased research funding at both DoD and VA.

Provider Issues

On issues relating to psychologists as providers of care to military and veteran populations, we worked tirelessly on TRICARE, prescribing privileges at the VA, and Title 38 status for psychologists employed by VA. My Practice colleagues and I began working last summer to head off the drastic cuts to TRICARE psychologist providers proposed for 2018 by two new contractors (Humana and Health Net). We immediately engaged the Director of the Defense Health

Agency (DHA), met with her TRICARE oversight staff out at DHA, surveyed our APA practice membership on their experiences as TRICARE providers, had numerous meetings on the Hill, and sent psychologists at APA's annual spring Practice Leadership Conference to talk with Congressional offices about TRICARE. This multi-pronged approach netted impressive results, including a bipartisan, bicameral letter led by Sen. Tester (D-MT) and Rep. Gabbard (D-HI) to DHA demanding a briefing on TRICARE vendor issues, as well as a Government Accountability Office report on TRICARE's contractor issues mandated in the annual defense authorization bill as a direct result of our intense advocacy work with Sen. Hirono (D-HI) and Rep. Gabbard.

To encourage so-called "civilian" practicing psychologists (those who work outside of DoD and VA) to work more effectively with military and veteran patients and their families, I hosted the first-ever training at our Practice Leadership Conference focused on this issue, and brought in experts from DoD's Center for Deployment Psychology (CDP) to provide some basic military and veteran culture information. I have also begun a monthly column in APA's Practice Update, "Serving Those Who Serve," which highlights expertise, training opportunities, and resources, to encourage more cross-dissemination between military/veteran and civilian practice communities. Articles have spotlighted the VA's online community provider toolkit, DoD's Psychological Health Center of Excellence briefs, new research out of VA on evidence-based safety planning with suicidal patients, CDP, and the Strong Star PTSD Consortium.

Capitol Hill Briefings and Legislative Advocacy

A large and near-constant part of my job is reviewing, analyzing, and suggesting changes to federal legislation before and after it is introduced. Often this means trying to capitalize on a Member of Congress' interests but channeling those into more appropriate bills or bill language relevant to military personnel, veterans, their families, and psychologists who provide care to these populations, and I contact many of you during this process for your specific expertise and input. We also host and/or participate as experts in Capitol Hill briefings on topics we want to get on the radar, so to speak, of Congressional staff; this year I put on, spoke at, or moderated briefings on topics ranging from the science of veteran suicide to opioids in the military/veteran community, community-based care, research on medical cannabis and PTSD, and the experiences of military/veteran caregivers, among others.

Executive Orders, Federal Comments, and National

Academies Study Groups

We usually get little to no advance notice before Executive Orders (EOs), which come directly from the President, are announced. The President has signed two EOs of particular relevance to Division 19—one called for more, and more seamless, mental health services for military personnel as they transition to veteran status; the other became quickly

known as the Administration's "trans ban," calling for a halt to the recruitment and/or military service of transgender personnel. In both cases, I worked with colleagues in the building as well as outside expert psychologists and other stakeholder organizations to craft APA's responses. We continue to be involved in both of these issues, tracking what the agencies undertake as a result of the mandates and trying to shape their actions in ways our scientific and clinical expertise support. Similarly, APA has drafted and submitted official comments to the Federal Register following requests for information on care and coverage for transgender veterans.

I am also monitoring and have been asked to provide APA expertise as the new National Academy of Sciences (NAS) study committee on Military Families was selected and stood up. APA successfully nominated a psychologist to the committee, whose report was requested and paid for by DoD, and we have been asked to comment on likely effects of the sharing of military dependents' behavioral health records during their later attempts to enlist or commission into the *military service*.

Media Work and Events

I always try to capitalize on outside events and media opportunities as vehicles for getting out APA messages about mental health, treatment, suicide prevention, the importance of research, issues facing psychologist providers, etc. to different audiences. Just in this past year, on behalf of APA I have served as a resource on PTSD to a Universal Studios major film, moderated a screening of the documentary "Served Like A Girl" on Capitol Hill, represented APA at the Invictus Games in Toronto and its accompanying symposium on caregivers, provided the military/veteran perspective to the #EndFamilyFire campaign on safe firearm storage, and worked with numerous print and radio reporters to enumerate our APA position against privatization of the VA, push back on Congressional attempts to support non-evidence-based suicide prevention strategies, clarify what we recommend as professional requirements for psychologists treating military and veteran patients in the community, etc.

ITVS in partnership with Fiscal Solutions, sponsored by Senator Tammy Duckworth's Office. Invites you to a special evening and conversation.

Wednesday, Oct 25, 2017
6:00pm - 8:30pm

United States Capitol Visitor Center
 First St NE, Washington, DC
 Congressional Meeting Room South
 Please use the Main Entrance at First Street and East Capitol Street

FEATURING:
 The Honorable
 Senator Tammy Duckworth
 United States Senator for Illinois
 Lynn Hauser
 Director, Veterans Affairs
 Dr. Heather Kelly
 Director of Policy and Programs, MHS
 Project Director, Psychological Assessment
 Major Jason Booth
 United States Army
 Lieutenant Commander
 Rachel Engler
 United States Army
 Master Sergeant
 Daryn Gordon
 United States Air Force

The panel discussion following the viewing of *Served Like a Girl* features female veterans who create a shared network to help the rising number of homeless women veterans by entering into a competition that showcases their unique talents, talents sought in their next jobs.

The panel discussion following the viewing of *Served Like a Girl* features three of the female veterans profiled in the film along with the Senator and other special guests to be announced.

RSVP here: bit.ly/ServedLikeAGirl
 For more information about ITVS visit www.itvs.org

WATCH + DISCUSS DROP-IN FORMAT REFRESHMENTS PROVIDED

What Lies Ahead

We have a year of change ahead, both in Washington and in APA government relations. Following the mid-term elections in November, we will seat a new Congress in January, 2019, and one of my first tasks will be to meet with new Members and share our APA military/veteran/psychologist priorities. We will see the mandated report on TRICARE, as well as the report from a VA commission looking at complementary and alternative treatments for PTSD.

By now I hope most of you have seen our APA CEO's communications about bringing together the separate government relations teams (now each housed within an APA Directorate) into one entity. Dr. Evans describes this as "a broad-based advocacy organization that can represent all psychologists." Although we do not yet know the exact structure of the new APA advocacy group, and how my new portfolio will fit, I look forward to continuing with all of you to advocate for the incredible work you and your colleagues do on behalf of the men and women who have served our country in the military. Please feel free to contact me at hkelly@apa.org



Heather Kelly with Veteran Shurhonda Love from Disabled American Veteran.

Announcements

Christina Hein, M.A.

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](https://twitter.com/APADiv19), [@Div19students](https://twitter.com/Div19students)

LinkedIn group for ECPs: APA Division 19 - Military Psychology - Early Career Psychologists

Conferences

20th International Association for Aviation Psychology

The 20th ISAP will be held in Dayton, Ohio, May 7–10, 2019 (Tuesday–Friday). Proposals are sought for posters, papers, symposium and panel sessions, and workshops. Any topic related to the field of aviation psychology is welcomed. Topics on human performance problems and opportunities within aviation systems, and design solutions that best utilize human capabilities for creating safe and efficient aviation systems are all appropriate. Any basic or applied research domain that generalizes from or to the aviation domain will be considered.

Students are especially encouraged to participate in the Stanley Nelson Roscoe Best Student Paper Competition.

Visit <http://aviation-psychology.org> for more information.

Deadline for proposal submissions is November 9, 2018.

Research Participation Requests

Mental Readiness to Return to Duty

The brief survey is part of a study being conducted by Julianne Giusti, a doctoral student at the University of Idaho studying sport psychology. The purpose of the research study is to identify what it means for an injured service member to be mentally ready to return to duty. In order to enhance the readiness and resiliency of injured service members returning to duty, it is vital to first understand what components contribute to being mentally ready to return to duty. The survey below is designed specifically to measure these components. The

information gathered can have potential impacts on the way sport and performance psychology consultants aid in the transition of returning to duty.

If you have or are currently serving in a branch of the US Armed Forces, experienced an injury during your service, and lost at least 1 day of duty because of the injury, please consider completing this brief and anonymous survey.

https://uidaho.co1.qualtrics.com/jfe/form/SV_6PZxqnFEoQFCB0N

The Associations Among Transition Period, PTSD, and Alcohol/Substance Use for Veterans

The purpose of this study is to learn more about the experience of military couples who are reintegrating into civilian life after a deployment. The researcher is looking for participants who are willing to complete an online survey and who are either:

A) a partnered service member of any military branch who has been deployed in the past two years

OR

B) a partner of a service member who has been deployed in the past two years

AND you have been cohabitating with your partner at the time of post-deployment.

All participants must be 18 years old and have internet access to complete an online survey. If you are interested in participating, please click on the link below or copy and paste it into your browser. If you know of others who might be eligible and who may want to participate, please forward this email to them. https://pacificu.co1.qualtrics.com/jfe/form/SV_6M4NYrYTGq2py85

If you have any questions, please contact: Connor Rose, connor.rose@pacificu.edu; or the Dissertation Chair: Dr. Asani Seawell, seawella@pacificu.edu at 717-495-1264.

Armed Forces Experiences Study

My name is Michelle Koster and I am a fourth year PsyD student at Wheaton College (IL) and a student affiliate and SAC Regional Representative of Division 19. My research lab and I are currently collecting data to better understand the effects of combat exposure and other military-related events. This project is also the main data that I will be using to for my dissertation. Participants can be active duty, reservists, National Guard, or veterans from any war era who have experienced what they be-

lieve to be adverse/traumatic experiences while in the military. In appreciation of your time and completion of this survey, my research lab is offering to donate \$100 to the charity Veterans Recovery Resources (<http://veteransrecoveryresources.org/>) for every 200 people who respond.

To participate in the study, please select the provided link: http://wheaton.co1.qualtrics.com/jfe/form/SV_eOSe9HRJduR9QII

If you have any question or concerns, please contact the following individuals: Researcher and Dissertation Chair - Dr. John McConnell at john.mcconnel@wheaton.edu; or myself at michelle.koster@my.wheaton.edu

The Associations Among Transition Period, Post-Traumatic Stress Disorder, and Alcohol/Substance Use for Veterans

My name is Charity Seitz and I am a 4th-year doctoral student at Adler University. The title of my dissertation is, "The Associations Among Transition Period, Post-Traumatic Stress Disorder, and Alcohol/Substance Use for Veterans." The purpose of this study is to learn more about the transition period and transition stress that OEF/OIF/OND veterans experience. In order to participate, you must be an OEF/OIF/OND veteran who has transitioned out of the military for at least one year.

Participants will be asked to complete 4 surveys along with demographic information. The survey should take no more than 15 minutes total. The link for the survey: <https://www.psychdata.com/s.asp?SID=180260>

The Adler University Institutional Review Board has approved this study as of November 30, 2017. Should you have any questions or concerns about the study, please contact irb@adler.edu, or I can be reached at cseitz@adler.edu or by cell at 717-495-1264. Dr. Peter Ji, my faculty advisor and dissertation chair, can be reached at pji@adler.edu.

Job Opportunities

East Carolina University Department of Psychology Department Chair (Greenville, NC)

The Department of Psychology at East Carolina University seeks to fill the position of department chair with an anticipated start date as early as July 1, 2019 but no later than August 12, 2019. The successful candidate must be eligible for appointment at the rank of Professor. This is a 12-month position. The Chair's responsibilities include: leading the Department in refining and implementing its strategic plan; promoting excellence in faculty research and teaching; ensuring the quality and integrity of the Department's undergraduate and graduate degree programs; supporting departmental, college, and university policies and standards; and fostering collegial relationships in

departmental governance. The chair is expected to spend at least 50% of their effort on administration and leadership duties, with the remaining 50% devoted to research, teaching, and service.

Qualifications for the position include (a) a Ph.D., or equivalent degree, in Psychology or a closely related discipline, such as neuroscience, organizational behavior and education, or public health; (b) a strong record of scholarly publications and productivity; (c) demonstrated excellence in teaching and service; (d) administrative experience and evidence of leadership and management skills commensurate with the position; and (e) a demonstrated commitment to diversity and equity.

The ideal candidate will have substantial prior administrative and leadership experience. Further, the ideal candidate will have documented prior success in developing and executing initiatives to facilitate growth and excellence in faculty research productivity, engaged scholarship, and teaching excellence.

Screening will begin November 15, 2018 and continue until the position is filled.

To apply, complete an online candidate profile and submit (a) a CV, (b) a letter of interest that includes statements about your teaching, research, administrative experience and philosophy and commitment to diversity, and (c) the names and contact information for three references online at: <https://ecu.peopleadmin.com/postings/21281>

Also, arrange for three letters of recommendation discussing administrative experience and/or potential, to be emailed to millerde@ecu.edu. Proper documentation of identity and employability, and an official graduate transcript, are required at the time of employment.

For questions, please contact Dr. Haiyong Liu, Chair of the Search Committee, liuh@ecu.edu or 252-328-6743.

Old Dominion University Asst. or Associate Professor of I/O Psychology (Norfolk, VA)

Responsibilities include (a) teaching undergraduate courses to support the core undergraduate curriculum, including relevant online courses, (b) teaching graduate courses, (c) conducting high quality, programmatic research, (d) seeking research funding, and (e) mentoring M.S. and Ph.D. students.

Applicants for the two Industrial and Organizational Psychology positions must hold a PhD in Industrial and Organizational Psychology or provide evidence that the PhD will be completed prior to August 2019. Candidates at the Assistant Professor level must demonstrate strong potential for developing an outstanding and independent research program and strong accomplishments in teaching; candidates, who show potential for obtaining external funding, will be preferred.

Candidates at the Associate Professor level must demonstrate substantial research accomplishments of peer-reviewed publications, experience in seeking external funding, and a strong and successful graduate and undergraduate teaching and mentoring record. For both levels, preference will be given to candidates with teaching and research interests in the following areas: personnel selection, performance appraisal and management, technology in the workplace, teams, and occupational health.

To apply please submit a curriculum vita, statements describing research and teaching interests, evidence of teaching effectiveness, three letters of reference, and a letter of application at <https://jobs.odu.edu>. Applications will be reviewed beginning October 1, 2018 and continue until the position is filled.

724th Special Tactics Group Clinical Psychologist (Ft. Bragg, NC)

The 724th Special Tactics Group (located at Ft. Bragg, NC) is looking to hire a civilian contract Clinical Psychologist. The position duties include the full spectrum of psychological care from education to consultation, to tertiary care to transition for active duty members and their family. Preference is for military experience, but it is NOT required for the position.

Requirements/qualifications:

- Doctoral degree
- APA accredited internship
- Ability to hold credentials/privileges
- Ability to obtain a TS/SCI clearance

If you know someone interested in the position, please have them contact Dr. Chad Morrow at morrowce@jdi.socom.mil or 570-313-7837.

NASA Johnson Space Center Neuroscientist (Houston, TX)

KBRWyle is seeking a PhD or MD with 5–10 years of experience in neuroscience with significant experience with neurobehavioral expertise identifying brain-behavior operational performance pathways in rodents and/or non-human primates. The primary purpose of this position is to provide scientific and project management support to the Human Factors and Behavioral Performance (HFBP) Element at NASA Johnson Space Center. This position will support the Lead Scientist in developing and delivering NASA's Human Research Program (HRP) vision to integrate the three risks associated with space radiation (acute inflight risk to Central Nervous System), the Behavioral Medicine risk (e.g., psychological vulnerabilities associated with isolation and confinement), and Sensorimotor risks (associated with altered gravity).

This position requires an innovative, open-minded, cross-disciplinary scientist who will work closely with Lead

Scientist for this integrative approach to help identify and assess the potential synergistic impact of how CNS exposure from space radiation impacts on psychological and sensorimotor processes in brain performance pathways relevant to spaceflight crew operational performance. The position is located in Houston, Texas, at the NASA Johnson Space Center.

For additional information, please contact Ms. Marisa Covington at marisa.d.covington@nasa.gov.

Follow link to apply: <https://kbrwyle.jobs/houston-tx/integrated-risk-neuroscientist/71D591C6B4644FA6A1EB8D921D52C8CA/job/>

The Air Force Civilian Service (AFCS) is currently seeking a Clinical Psychologist (Lackland AFB, TX)

Duties:

Serves as an operational psychologist providing a full spectrum of technical expertise, guidance, training, instruction, and direct psychological services for the purpose of increasing readiness, capacity, and potential. The incumbent's recommendations to senior official and key leaders will impact programs and policies with millions of dollars and service-wide missions at stake. The incumbent works independently to apply new theories and developments to unique problems. The work requires the psychologist to possess a mastery of psychological assessment, industrial/organizational psychology, behavioral health, behavioral research, organizational effectiveness, operational psychology, performance enhancement and training, learning theory and methods, change management, and curriculum development. The successful candidate will have achieved a mastery of broad based set of psychological and administrative skills and must have a professional background and personality that will be respected and trusted by members of the Battlefield Airmen Training Group.

Key qualifications:

- U.S. citizenship required
- Must be able to obtain and maintain security clearance
- PhD or PsyD. in Clinical Psychology from a regionally accredited university
- Internship/residency in Clinical Psychology accredited by the American Psychological Association
- Current state license to practice Clinical Psychology
- Completion of graduate-level coursework or certification in Psychological Testing & Assessment, Sports Psychology, and Industrial/Organizational or Consulting Psychology through a regionally accredited university or recognized national level professional organization

- Professional background that includes experience with Special Operation, Intelligence or similar agency
- Will be required to carry work cell phone and subject to calls outside of duty hours
- Candidate will be subject to pre-employment physical, random drug testing and must participate in the Immunization Program
- Incumbent must pass a urinalysis screening for illegal drug use prior to employment and periodically thereafter

To apply for this position, please email your resume to afcs@us.af.mil. To receive additional information about current and future job openings or future hiring events our AFCS recruiters will be attending, copy and paste the following link into your Internet browser: www.Afciviliancareers.com/doctors-apa

Training Opportunities

Military Culture Training

This online course, provided by the Center for Deployment Psychology, allows the trainee to understand the influence of military culture among health-related behaviors; this will help the provider plan treatment to best help the service member or veteran. The training is made up of four modules covering Military Culture: Core Competencies for the Healthcare Professionals.

<https://deploymentpsych.org/military-culture>

Assessing Suicidal Behavior in the U.S. Military–Honolulu, HI

The Center for Deployment Psychology (CDP) is offering a 2-day evidence-based workshop for Tri-Service military-only behavioral health providers at Tripler AMC, HI, 12-13 December 2018, entitled “Addressing Suicidal Behavior in the U.S. Military: Strategies for Assessment, Crisis Intervention, and Treatment.” 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 (CPT)–Multiple Sites

The Center for Deployment Psychology (CDT) is offering 2-day evidence-based workshops for tri-service military/

DoD/GS behavioral health providers at the following locations/dates:

Wright-Patterson AFB, OH on November 7–8, 2018

NMC Portsmouth, VA on December 4–5, 2018

Fort Bragg, NC on March 26–27, 2018.

The workshops are free and includes CEs.

Space is limited. If you are interested in attending one of these trainings, 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-Behavioral Conjoint Therapy for PTSD (Online Training)

PTSD can impact the quality of family and social relationships. Research indicates that some veterans desire family involvement in their treatment for PTSD because of this impact.

This webinar-based course, taught by Candice Monson, PhD, provides an overview of Cognitive Behavioral Conjoint Therapy (CBCT) for PTSD, an evidence-based approach for treating PTSD that includes a family member in treatment. The course reviews the therapy sessions of CBCT as well as research findings that support how this treatment can help Veterans with PTSD.

This online course will last approximately one hour and is for those with an intermediate skill level working with PTSD and with CBT. The course may be found here: <https://www.train.org/main/course/1076372/>

Treatment of Comorbid TBI and PTSD: Lessons Learned (Online Training)

Among OEF/OIF Veterans receiving care in VA, it is likely that those with a history of traumatic brain injury (TBI) also have a diagnosis of PTSD.

This web-based, self-study course, taught by Rodney Vanderploeg, PhD, ABPP-CN, provides a brief overview of two treatment studies for co-occurring PTSD and TBI: the SCORE Cognitive Rehabilitation Trial and Prolonged Exposure (PE). The author describes factors affecting treatment outcomes and compares the effectiveness of the two approaches.

This online course will last approximately one hour and is for those with an intermediate skill level. The course may be found here: <https://www.train.org/main/course/1072853/>

DIVISION MEMBERSHIP APPLICATION FOR JANUARY–DECEMBER 2018

Use this form to join the divisions and sections listed below—division assessment rates can be found on the following pages of this form. Memberships are for January–December. Applications received in August and later will be applied to the next membership year. Do not send cash; do not fax or email credit card information!

Note: Or join online through the division's website www.apadivisions.org/division-19/membership/

PLEASE TYPE OR PRINT CLEARLY – ESPECIALLY YOUR EMAIL.

Name: _____

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City, state, postal code, country: _____

Work phone: _____ Home phone: _____

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APA membership number/category (if applicable): _____

Membership Category

Div. 19 offers many ways to join the Society for Military Psychology, regardless of one's membership status with the American Psychological Association (APA). If you belong to APA, you can join Div. 19 as a member, associate, dues-exempt (life status) member, dues-exempt (life status) associate, international affiliate or student affiliate. If you do not belong to APA, you can join Div. 19 as a professional affiliate, international affiliate or student affiliate. See below for rates and details.

Membership Summary

Div. 19 Member Type	APA Membership Required?	Dues
Member/Associate/Fellow	Yes	\$27
Professional Affiliates	No	\$30
International Affiliates	No	\$30
Student Affiliates	No	\$10

- APA Member/Associate/Fellow
- APA Life Status
- Student Affiliate (APA or not)
- International Affiliate (APA or not)
- Professional Affiliate (APA affiliate or not)

Divisions/Sections

Division: 19 Military Psychology

PAYMENT

Please mail this form and your payment to the address at the bottom of this form. (We cannot accept forms with payment information via email or fax.) Accepted forms of payment are as follows (please do not send cash).

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

Questions? Call 202-336-6013 or email division@apa.org

Find more information on all APA divisions at www.apadivisions.org

INSTRUCTIONS FOR CONTRIBUTORS TO *THE MILITARY PSYCHOLOGIST* NEWSLETTER

Please read carefully before sending a submission.

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

Preparation and Submission of Feature Articles and Spotlight Contributions. All items should be directly submitted to one of the following Section Editors: **Feature Articles** (Katie 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*, at the email address military.psychology.journal@gmail.com. If articles do not meet any of these categories, feel free to send the contribution to the Editor in Chief (Shawna Chee: shawna.m.chee.mil@mail.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. reference/citations). All graphics (including color and black-and-white photos) should be sized close to finish print size, at least 300 dpi resolution, and saved in TIF or EPS formats. Submissions should include a title, author(s) name, telephone number, and email address of corresponding author to whom communications about the manuscript should be directed. Submissions should include a statement that the material has not been published or is under consideration for publication elsewhere. It will be assumed that the listed authors have approved the manuscript .

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