



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Department of Defense: Center for Deployment Psychology

*Educating and Training Psychologists to Meet the Needs of America's Military
Personnel and their Families*

Background

As the number and duration of operational and combat deployments increase, so do the mental and behavioral health difficulties of service members and their families. To better meet the deployment-related mental and behavioral health needs of service members and their families, the Center for Deployment Psychology, an innovative Department of Defense psychology training consortium, has been established as a tri-service activity, headquartered at the Uniformed Services University of the Health Sciences (USUHS) in Bethesda, Maryland.

The Center for Deployment Psychology is the new coordinating center of excellence for a network of military internship training sites at 10 regional Department of Defense health facilities nationwide (*Full list of participating military facilities included at end.*) The Center aims to accomplish its primary mission of training mental health professionals through a series of innovative graduate education and training programs, training and consultation with existing military training programs and community outreach. The program was funded at \$3.4 million in FY 2006 and \$2.9 in FY 2007 through each year's respective Defense Appropriations Bills.

With a Board of Directors representing Army, Air Force, and Navy Psychology Departments, the Center focuses its training program on military and civilian psychologists, psychology residents and interns to better equip them to meet the needs of service members and their families experiencing potential mental health consequences of combat service. The primary focus is on mental health for the severely medically injured, trauma and resilience, and post-deployment reintegration and adjustment. This activity is a major advance in training military and civilian psychologists to meet the challenges of combat stress.

Currently, intensive training in four areas is provided by the Center for Deployment Psychology:

- First, given the fact that the training is open to military and civilian psychologists who may not have been deployed as of yet, the program's curriculum initially focuses

heavily on military constructs important to understanding the culture and expectations of deployment.

- The second area of focus in the curriculum is the psychology of trauma and resilience, with a specific focus on issues such as PTSD, Acute Stress reactions, and suicide.
- Third, given the nature of the injuries experienced in the current war, the program focuses heavily on the provision of mental health care to individuals severely medically injured in combat (e.g., loss of limb, loss of vision, head injured, disfigured, etc.).
- And finally, attendees of the program are trained in assisting service personnel and their families in post-deployment adjustment, with a specific focus on family, work, and civilian society reintegration.

APA Request

With the increased demands for mental health services facing our armed forces psychologists, \$6 million is requested in the FY 2008 Defense Appropriations Bill (Navy, RDT&E, Medical Development). This amount (.001% of expected Defense Department appropriations for FY 2008) is required to fully fund the Center's program. In addition to supporting the base program throughout the country, this funding will enable the Center's leadership team to create mobile training teams for expanded, quick response training of military, VA and civilian providers. The funding will also initiate the Center's planned research program to enhance military knowledge of the psychological and emotional impact of deployment. The program also intends to conduct research evaluating the impact of the Center's programs and to develop collaborations with mental health professionals at Veterans Affairs facilities.

Critical Mental and Behavioral Health Needs Identified

Thousands of returning military personnel are struggling with PTSD, depression, substance abuse, social withdrawal, and unemployment. This is especially true for the seriously medically injured (including amputees, burn victims, traumatic brain injured, and those with sensory loss or disfigurement.) As the numbers increase, there is a critical need to meet the mental and behavioral health service demand.

Many Returning Military Personnel Suffer From Severe Psychological Trauma

- Once called shell shock or combat fatigue, Post-Traumatic Stress Disorder (PTSD) often develops after a soldier witnesses or experiences a traumatic event. According to the VA, in 2004 approximately 1700 soldiers were diagnosed with PTSD.¹ This figure is expected to rise significantly given the injuries sustained in Iraq and Afghanistan over the past three years.

- Soldiers diagnosed with PTSD often suffer clinical depression, hyper-vigilance, insomnia, emotional numbing, recurring nightmares, and intrusive thoughts. In many cases, the symptoms worsen with time, leaving the victims at higher risk for alcohol and drug abuse, unemployment, homelessness and suicide.²
- Studies show that reservists and National Guard soldiers are particularly vulnerable to PTSD.³ In addition, female soldiers are more at risk for PTSD than male soldiers (i.e., about 20 to 25 percent of the women who served in the Vietnam War and the Gulf War developed PTSD; and psychologists are expecting figures to be at least as high for Iraq.)⁴
- According to the National Center for PTSD, the pairing of PTSD with alcohol and drug abuse symptoms in veterans is not uncommon. Thus it is important to initiate preventive psychological and behavioral interventions to reduce drinking or prevent acceleration of alcohol consumption as a response to PTSD symptoms.⁵
- The long-term medical costs to the VA associated with chronic PTSD are staggering. These stem from the symptoms of PTSD itself, from mental health problems frequently associated with PTSD, from the increased medical morbidity associated with chronic PTSD, from the significantly higher medical care utilization among veterans with chronic PTSD, and from the cost of disability compensation to veterans with chronic PTSD.⁶

Many Returning Military Personnel Need Mental and Behavioral Health Services

- The nation's mental health care system for returning soldiers is experiencing a surge as tens of thousands of men and women in uniform return from Iraq with serious mental health problems brought on by the effects of combat stress. According to Pentagon figures, some experts predict that the number of returning soldiers eventually requiring mental health treatment could exceed 100,000.⁸
- A recent GAO report (February 2005) found that officials at six of seven Veterans Affairs medical facilities surveyed said they "may not be able to meet" increased demand for treatment of PTSD. Officers who served in Iraq say the unrelenting tension of the counterinsurgency will produce that demand.⁸
- The GAO Report further states that if returning military personnel do not have access to PTSD services, the chance may be missed for early identification and treatment to lessen the severity of the symptoms and improve the quality of life of those returning from combat.⁸
- A survey published by the Army Surgeon General noted there is approximately one behavioral health provider for every 900 soldiers. This could explain why only 27 percent of soldiers who screened positive for depression, anxiety, or traumatic stress said they had received any services from a mental health provider during their deployment.⁹

Psychologists Help Prevent Devastating Effects of PTSD

- Research has shown that psychological interventions can help prevent the long-term, chronic and devastating psychological consequences of one of the most serious consequences of war – Post Traumatic Stress Disorder (PTSD).¹²
- Dr. William Winkenwerder, Assistant Secretary of Defense for Health Affairs, noted the effects of PTSD on returning soldiers in an interview with National Public Radio. He stated that while 15% of returning troops suffer from PTSD, only 3% admit to it upon initial re-entry. He suspects this discrepancy is due to the fear that if the soldiers report experiencing psychological stress, it would delay their return to their families.¹⁰
- A longitudinal study of Gulf War Vets suggests that the prevalence of PTSD increases during the first two years after the soldier's return.¹¹
- Rather than waiting for soldiers to develop advanced PTSD, psychologists are now going into the units and focusing on prevention strategies and techniques to help soldiers confront issues before they become serious.¹³
- Psychologists on the front lines not only treat symptoms but also prevent them from recurring. Psychologists provide critical event debriefings after exceptionally stressful situations (e.g., death of a comrade)¹³
- Data show that 70 to 90 percent of service members are returned to active duty within a few days when psychologists treat them at the front.¹³
- Psychologists provide stress inoculation interventions even before service members go overseas. Preparing soldiers in advance of the trauma of conflict has been shown to reduce adverse reaction and long-term psychological problems.¹³

Psychologists Help Traumatized Amputees

- Psychologists help service members cope with the devastating psychological trauma associated with amputation or disfigurement.¹⁴
- Psychologists assist soldiers in regaining a sense of confidence and ability to discuss their fears and concerns openly and honestly in order that the veteran can gain independence and lead a fulfilling and productive life.¹⁴
- Psychologists provide a safe place in which patients can discuss their anxieties and concerns about their disabilities.¹⁴

Psychologists Help Returning Military Personnel and Families Learn Coping Skills

- Psychologists provide training in effective coping skills for soldiers and their families. Some skills used in treating Iraq War veterans include: anxiety management, emotional grounding, anger management, and communication.⁵
- Psychologists also help veterans and their families anticipate and prepare for family challenges that may lie ahead by providing courses in conflict resolution, parenting, establishing short-term support groups for family members.⁵

Participating Military Psychology Programs

Walter Reed Army Medical Center

Department of Psychology
6825 16th Street, NW
Washington, DC 20307-5001



Brooke Army Medical Center

Department of Behavioral Medicine
3851 Roger Brooke Drive
Fort Sam Houston, TX 78234-6200

Dwight D. Eisenhower Army Medical Center

Department of Psychology
Fort Gordon, GA 30905

Madigan Army Medical Center

Department of Psychology
9040A Reid St
Tacoma, WA 98431-1110

Tripler Army Medical Center

Department of Psychology
1 Jarret White Road
TAMC, HI 96859-5000

National Naval Medical Center

Department of Psychology
8901 Wisconsin Ave
Bethesda, MD 20889



Naval Medical Center, San Diego

Department of Psychology
34800 Bob Wilson Drive
San Diego, CA 92134

Malcolm Grow USAF Medical Center

Department of Psychology
1050 W. Perimeter Road
Andrews AFB, MD 20762-6600



Wilford Hall Medical Center

Department of Psychology
59th Medical Wing
2200 Bergquist Drive, Suite 1
Lackland AFB, TX 78236

Wright-Patterson USAF Medical Center

Department of Mental Health
88MDG 4881 Sugar Maple Drive
WPAFB, Ohio 45433

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Bethesda, Maryland 20814





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