The Psychological Needs of U.S. Military Service Members and Their Families: A Preliminary Report

EXECUTIVE SUMMARY

American Psychological Association
Presidential Task Force on Military Deployment Services
for Youth, Families and Service Members

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Respectfully submitted by:

Shannon J. Johnson, *Chair*
Michelle D. Sherman, *Co-Chair*
Jeanne S. Hoffman
Larry C. James
Patti L. Johnson
John E. Lochman
Thomas N. Magee
David Riggs

APA Board of Directors Liaison:
Jessica Henderson Daniel

APA Staff Members:
Ronald S. Palomares
Beth Nichols-Howarth
Brenda Stepney

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NOTE: This document was drafted by the American Psychological Association's (APA) Presidential Task Force on Military Deployment Services for Youth, Families and Service Members and adopted by the APA Council of Representatives on February 18, 2007. Although some Task Force members were serving on active duty in the U.S. Military or working for either the DoD or VA, the contents of this report were neither vetted nor endorsed by any entity outside of the APA.

THE PSYCHOLOGICAL NEEDS OF U.S. MILITARY SERVICE MEMBERS AND THEIR FAMILIES: A PRELIMINARY REPORT

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" [L]et us strive on to finish the work we are in, to bind up the nation's wounds, to care for him who shall have borne the battle and for his widow and his orphan…"

President Abraham Lincoln
2nd Inaugural Address

Since September 11, 2001, American military service personnel and their families have endured challenges and stressful conditions that are unprecedented in recent history, including unrelenting operational demands and recurring deployments in combat zones. In response to concerns raised by members of the military community, the American Psychological Association (APA) President, Dr. Gerald Koocher, established the Task Force on Military Deployment Services for Youth, Families and Service Members in July of 2006. This Task Force was charged with: identifying the psychological risks and mental health-related service needs of military members and their families during and after deployment(s); developing a strategic plan for working with the military and other organizations to meet those needs; and constructing a list of current APA resources available for military members and families, as well as additional resources that APA might develop or facilitate in order to meet the needs of this population.

At present, 700,000 children in America have at least one parent deployed. Having a primary caretaker deployed to a war zone for an indeterminate period is among the more stressful events a child can experience. Adults in the midst of their own distress are often anxious and uncertain about how to respond to their children's emotional needs. The strain of separation can weigh heavily on both the deployed parent and the caretakers left behind. Further, reintegration of an absent parent back into the family often leads to complicated emotions for everyone involved. This Task Force was established to examine such potential risks to the psychological well-being of service members and their families, acknowledging the changing context and impact of the deployment cycle, and to make preliminary recommendations for change and further review at the provider, practice, program, and policy levels.

To meet the Task Force charge, we will first provide an overview of what is currently known about the impact of military deployments on service members and their families (spouses, children and significant others). In addition, we will discuss a number of programs that have been developed to meet the mental health needs of service members and their families, and we will describe the significant barriers to receiving mental health care within the Departments of Defense (DoD) and Veterans Affairs (VA) system. Finally, we will offer several general recommendations for improving the psychological care offered to service members and their

families, and we will outline some specific proposals for how existing APA programs and resources can be employed or modified to support military communities.

Limitations

A major limitation encountered by the Task Force in the preparation of this report was the scarcity of rigorous research conducted explicitly on the mental health and well-being of service members and families during periods of major military operations. Significant gaps exist in our understanding of the complex psychological and social effects on military personnel confronting the kinds of war zone exposures characteristic of the Global War on Terror, and, in turn the effects on their friends and family. Although several recent studies document the mental health impact and service needs of military personnel during and following combat deployments, the Task Force did not find evidence of comprehensive, system-wide research efforts to address questions of importance to the clinical needs and care of military personnel and their families. Also of concern is the absence of research examining the unique needs of special populations (e.g., female service members, National Guard members, reservists, and minorities). Given the limited research data available, we cite empirical studies whenever possible and augment these data with anecdotal evidence and clinical impressions. One of the desired outcomes of this report is to call attention to the paucity of research and advocate for the development of a focused research agenda.

Existing Programs

Even as the military continues to identify the deployment-related behavioral health needs of service members and their families, efforts are underway to address those needs. However, the Task Force was not able to find any evidence of a well-coordinated or well-disseminated approach to providing behavioral health care to service members and their families. This appears to be the case both across and within each of the military branches. Rather, installation-level military medical treatment facilities and the larger military medical centers and clinics rely on assigned psychologists or local civilian providers to develop and implement programs focusing on deployment issues. The availability, coherence, and quality of such programs seem to vary across various sites depending upon the number of mental health professionals assigned to the unit, their training and experience, and command support for behavioral health programs. It is the consensus of the Task Force that, overall, relatively few high-quality programs exist. In addition, while psychologists working for the military, i.e., uniformed, government service (GS), or contracted, are adapting evidence-based treatment programs from civilian treatment centers for application with military personnel, there is a shortage of evidence to support the utilization of these techniques with soldiers and their families around deployment issues. Finally, those programs that do exist are predominantly for service personnel rather than for their family members, who may also require treatment.

Despite local efforts to develop and implement behavioral health services for service members and their families, the Task Force is concerned about the apparent lack of centralized oversight and well-coordinated efforts throughout DoD's medical facilities to meet the broad range of needs. Another concern identified by the Task Force involves the care provided to service members as they transition from the Military Health System to the VA system.

Barriers to Care

A number of factors appear to reduce the likelihood that military personnel and their families will receive needed behavioral health care. Because little empirical evidence exists regarding barriers to care, the Task Force has incorporated other sources of information, including media reports, informal user surveys, and lessons learned from military psychologists. Potential barriers to effective military mental health treatment for both active duty members and their families can be divided into three broad categories: availability, acceptability and accessibility.

The task of ensuring an adequate supply of well-trained psychologists and other mental health specialists to provide services is a primary issue. There is a shortage of professionals specifically trained in the nuances of military life, and those who are highly qualified often experience "burn out" due to the demands placed on them. Another complex and challenging task is how to modify the military culture so that mental health services are more accepted and less stigmatized. This would greatly improve the probability that service members would seek care when needed, but even if providers were available and seeking treatment was deemed acceptable, appropriate mental health services are often not readily accessible. This is usually due to a variety of factors that include long waiting lists, limited clinic hours, a poor referral process and geographical location. None of this, however, takes into consideration the multitude of extenuating circumstances that may also be barriers to obtaining services, including the unique circumstances of National Guard and Reserve personnel, the issues that may arise for gay and lesbian personnel, and a military culture that often does not encourage an open dialogue about problems within the system.

Report Recommendations

The Task Force on Military Deployment Services for Youth, Families and Service Members noted many of the key issues and barriers to services for those in the military community. The final section of the Task Force Report provides these salient recommendations for further development and enhancement of mental heath services available to members of the military and their families:

1. Policy and Systems

1.1 Centralized leadership of military mental health is crucial to allow for coordination of the services provided on military installations and in surrounding communities.

1.2 Increased education of military leadership at all levels regarding the value of mental health services is considered critical for expanding those services as well as reducing stigma associated with seeking those services.

1.3 Unrestricted access to high-quality mental health care should be made available to every active duty service member and his or her family members.

1.4 Policy and procedural development should take into account the diverse populations found within the U.S. military and be responsive to mental health needs based upon an individual's situation and background.

2. Research

2.1 The paucity of research on mental health issues related to deployment in the military highlights the need for a well-developed and focused research agenda to guide policies, program development, and treatment plans for service members and their families.

2.2 Research focused on the specific mental health needs of the military community, barriers to accessing care, and the efficacy of existing prevention and intervention programs is critical to making mental health care in the military more relevant, available, and effective. Such research is essential to establishing evidence-supported services and eliminating inequity and inefficiency across military mental health care facilities.

2.3 Research is required to understand the toll that combat environments take on the mental health and effectiveness of military psychologists. Recently, military psychologists have been deployed as members of active combat units, small medical teams on the front lines, and as operational psychologists assigned to intelligence gathering or special operations units. There is virtually no research on the first-hand experiences of psychologists assigned to these jobs.

3. Clinical Services & Community Outreach

3.1 Continuity of care provided by programs such as the Operational Stress Control and Readiness (OSCAR) program, in which psychologists are embedded with units throughout the deployment cycle, should be evaluated and, if found effective, be expanded to all military units.

3.2 Family members' access to high-quality mental health services through TRICARE should be improved.

3.3 Mental health services should be available throughout the deployment cycle and include a focus on prevalent diagnoses /conditions such as adjustment disorder, substance abuse, PTSD, Traumatic Brain Injury (TBI), depression, grief/bereavement, and family violence. Further, mental health services through the deployment cycle should incorporate prevention and intervention strategies designed to help families.

3.4 Psychologists should partner with their primary care colleagues to integrate psychology into the primary care arena.

3.5 Outreach programs should be developed and fostered by both the military and non-military communities in order to ensure that—wherever possible—mental health problems among service members and their families are prevented rather than treated.

4. Service Providers

4.1 In order to reduce severe staffing shortages evident across all military services, an all-out effort should be made by the military to retain well-trained and experienced psychologists. Retention of seasoned experts is crucial to the provision of high-quality psychological services to military members and their families.

4.2 Efforts to recruit new psychologists into the military should be strengthened and informed by an understanding of the reasons for attrition among current practitioners. Because military psychologists often practice in isolated environments and shoulder significant responsibility for solo clinical decision-making, all military psychologists should be licensed (or license eligible), thereby ensuring that all those who provide services to military members and their families meet minimum standards of competency.

4.3 Because the well-being of families has a direct impact on the ability of service members to carry out their duties, there should be an increase in available psychological services for the families of service members across all phases of the deployment cycle.

5. Professional Education and Training

5.1 It is vital that the military maintains the integrity of psychologists' specialty training and ensures that this specialized training is appropriately utilized when assigning individuals to specific duty stations. Although the exigencies of wartime practice often require those with specialized training to fill generalist billets, such assignments should be the exception, not the standard.

5.2 Clinical supervision for unlicensed professionals is critical to ensure provision of high-quality services. Consultation and ongoing mentoring for military psychologists are also essential for professional development and continuous quality improvement.

5.3 Training and education regarding the unique needs of service members and their families who are faced with deployment must be on-going for all mental health service providers (military and civilian) who treat these populations. This should include training in the latest evidence-based treatment protocols to ensure the appropriate translation of contemporary research to clinical military practice, such as that offered by the Center for Deployment Psychology.

6. Budget

6.1 Budgetary resources within DoD need to be allocated to address problems such as the understaffing of psychologist billets, unmet clinical needs of service members and their families, and deficits in research bearing on the mental health needs of war-fighters, family members, and military psychologists.

7. APA Next Steps

7.1 The APA Council approves the establishment of a two-year task force to review this Task Force's preliminary findings so that a long-term plan of action with specific recommendations for APA regarding mental health services for military service members and their families may be developed and presented to the Association.