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January – December 2019

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THE MILITARY PSYCHOLOGIST: *The Military Psychologist* is the official newsletter of the Society for Military Psychology, Division 19 of the American Psychological Association. *The Military Psychologist* provides news, reports, and noncommercial information that serves to (1) advance the science and practice of psychology within military organizations; (2) foster professional development of psychologists and other professionals interested in the psychological study of the military through education, research, and training; and (3) support efforts to disseminate and apply scientific knowledge and state of the art advances in areas relevant to military psychology. *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). Instructions for Contributors appear on the back cover.

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Editor's Column

Shawna Chee



Welcome to the Spring 2019 Issue of The Military Psychologist (TMP) Newsletter.

Spring brings the annual changing-of-the-guard, which is true of our newsletter editorial staff and membership contributing personnel. Many of our esteemed Chair positions have transitioned to new leadership. Please take time to read through each of these updates from some of our most active committees including Student Affairs, Early Career Psychologists and the APA Convention Program.

First, I'd like to personally thank Katie Copeskey, our outgoing TMP Feature Editor, who has made terrific contributions to the Division 19 newsletter since December 2015. We wish her all the best in her future successes in the military psychology community. With this, we welcome our newest TMP editorial team member, Dr. Tim Hoyt, a former Army military psychologist with a lot of editorial experience having authored numerous empirical publications on combat-related stress and posttraumatic stress disorder. He is currently Chief of the Connected Health Branch at the Defense Health Agency (formerly the National Center for Telehealth & Technology) and will be our Feature Article Editor. Welcome Dr. Hoyt!

This issue also includes an introduction from our new Division 19 president, Dr. Stephen Bowles, as he shares with us his vision for the Division and Strategic Objectives including a focus on developing leaders in the Society, building strategic partnerships, promoting military psychology and growing the wealth of the Society and its future. We are looking forward to what will most certainly prove to be a significant year under his leadership.

This issue's Feature Article explores the epidemiological evidence of the last 40 years relating military service and combat exposure to motor vehicle accidents, risky driving behaviors, and subsequent negative driving outcomes in

veterans. The article proposes future research directions that will be essential in understanding another aspect of military veterans' behavior and behavioral health treatment of this unique population. The Spotlight on Research article provides us with unique insight into service women's perceived experience with mental health care. As a female veteran myself, I'm intrigued by this article and how these preliminary findings can be further explored on a larger scale in future studies.

We continue to benefit from our Division 19 Past-Presidents. Pat DeLeon provides us with unique insight into the changes within our organization, while Sally Harvey shares the work being done with the APA Council of Representatives. Paul Gade comes through again with another Spotlight on History article, this time highlighting Jack W. Dunlap, for whom we owe gratitude due to his significant contribution to military psychology through psychometrics and its application to human factors analysis. Again, anyone who has an interest in the history of our profession, feel free to contact Paul Gade (paul.gade39@gmail.com) for an opportunity to help him with a historical contribution to this column in future TMP issues. Anyone can contribute!

Be sure to check out the Announcements Section, brought to us by Christina Hein, highlighting research opportunities, online and in-person CEU trainings and job announcements. Lastly, check out what's coming up with the APA Convention this year in Chicago, IL with the APA Program Committee and even news into the Regional Symposia Series; both excellent opportunities to network with those in the field. Look into taking advantage of these resources today!

It's such a pleasure to forward all the exciting work being done in our Society. Future TMP issues will highlight new initiatives to broaden our membership and incentivize those to get more involved. Continue to send in your program ideas, your research projects, your announcements and any other future opportunities to excel for newsletter readers to benefit from. Submission criteria are included on the back cover. Until the summer issue, stay safe and I wish you all "blue skies"!

President's Column

Stephen Bowles



Dear Colleagues:

Another year is upon us, and our talented and diverse Society will continue to advocate for the very best military psychology practices and research for our military community. I would like to begin by thanking Dr. Mark Staal for his steadfast leadership this past year, in taking on new initiatives, continuing to address the Hoffman report issues, as well as leading the Operational Psychology Practice Guidelines Task Force. Dr. Staal also serves as the Awards Committee Chair this year, and we are counting on your nominations! In addition I would like to thank Dr. Sally Harvey for her double duty service this past year as the past president, for serving on the APA Council of Representatives (CoR), and for her continuous work for the past several years in repeatedly identifying the concerns in the Hoffman report. A welcome to Dr. Eric Surface, our new president-elect and election chair, who has extensive experience serving as our past secretary of the Society. This is clearly the year to run for one of the five elected offices or to become a chair or member of a committee. Thanking our membership for once again earning an early victory in the year, as we maintain our second seat on the CoR through the power of your voting.

It is a great honor to serve our many Society members around the world. It has been a great experience this year in the short period of time that I have been working with our members on a number of initiatives. My presidential initiatives are building on the past presidents strong foundation from which they have propelled our Society. This year, we want to keep building our Society to another level that is addressed in these four initiatives.

1. **Develop Leaders in the Society.** The students in our organization have done a tremendous job of establishing leadership opportunities for students nationally through the student chapters. Next, we need to expand student chapters and sustain those current chapters. In order to help sustain these chapters, we need Early Career Psychologists (ECPs) as well as members and Fellows to lend their mentorship to these chapters. Throughout the Society, senior leaders need to mentor students and ECPs to the next level of leadership in the Society. For students

and ECPs, the Society has developed a model leadership program to establish a pipeline of young leaders to expand our presence as the international leader in military psychology.

2. **Build Strategic Partnership.** Building strong alliances with other enterprises and entities is important in order to mobilize and move forward on important issues for military psychology, psychology, and to further all those in the Society supporting veterans, families, and the military community. Members will be appointed as liaisons to organizations, and serve as ambassadors moving forward our strategic plan. Through partnerships, we can support and advance military psychology's cutting-edge information provided to the public and other enterprises through symposia, conferences, media events, and other public forums.
3. **Promote Military Psychology.** In order to further promote military psychology, mini think tank pods will be established to identify education and/or policy areas to advocate on behalf of military psychology. These small groups are being identified in the Society to be proactive in education, policy, and/or advocacy to educate the public.
4. **Grow the Wealth of the Society.** The wealth of the organization is our members. Within our Society, we need to continue to further build a climate of engagement, diversity, intellectual stimulation, well-being (for you and for those important in your life), and fun.

Our Society relies on the leadership and volunteer service of officers, chairs, members, and student members. This effort by members was recently demonstrated by the strategic planning work group that has developed eight strategic objectives below to move the Society forward for the next five years.

1. Increase Society membership and promote inclusivity and diversity
2. Improve member engagement
3. Develop the leadership potential of our members
4. Ensure financial sustainability
5. Increase public awareness and visibility of the Society
6. Build and maintain strategic partnerships

7. Develop and advocate for policies, practices, and ethical guidelines that support the role of military psychologists
8. Support the education, training, research, and professional development of our members

Another example of members working together and creating an innovative process is the new mid-year Regional Symposia Series. The first of these will be held in Raleigh, Washington D.C. area, and Chicago in the spring. These symposia will offer a variety of military psychology speakers for members and students to learn about current issues in military psychology.

We need you to continue to come forward with your strategic, creative, and innovative ideas as our Society “leads the way” in the practice and science for military, civilian, and national security settings internationally. Again, it is my distinct honor to serve you, and I hope to see you in Chicago at the APA convention as well as other events this year!

Sincerely,
 Stephen
 Stephen Bowles, PhD, ABPP
 President, Society for Military Psychology
 Leading the Way: Military Psychology



SOCIETY FOR MILITARY PSYCHOLOGY

Division 19 of the American Psychological Association

Society for Military Psychology: Call for Award Nominations



The Society for Military Psychology is seeking nominations for several awards. Consider nominating colleagues (or yourself) for one of Division 19’s Annual Awards. The process is straight forward and requires: 1. A single page letter of justification describing the qualifications of the nominee, and 2. A current resume or CV

1. **The Arthur W. Melton Early Achievement Award** – recognizes early career achievements in military psychology made within 5-10 years of entry into the field.
2. **The Charles S. Gersoni Military Psychology Award** – recognizes excellence in military psychology in the areas of research, service, products development, or administration made by an individual and/or group.
3. **Distinguished Mentor Award** – intended to recognize exceptional efforts of individuals who invest in the development of psychologists and other professionals interested in the psychological study of the military through service, education, research, teaching and training. Mentoring can be at any level of professional achievement.
4. **The John C. Flanagan Lifetime Achievement Award** – recognizes career long achievements in military psychology. These contributions may be in the form of excellence in research, service, product development or administration, that clearly reflect the advancement of the profession of military psychology, improved effectiveness or military psychology programs, or service on behalf of the welfare of military personnel.
5. **The Robert S. Nichols Award** – recognizes excellence in service by uniformed clinical psychologists to military personnel and their families. Awardees may be individuals or a group of individuals whose contributions merit special recognition.
6. **The Julius E. Uhlaner Award** – recognizes outstanding contributions in research on military selection and recruitment.
7. **The Robert M. Yerkes Award** – named for the “Founding Father” of military psychology, this award recognizes outstanding contributions to military psychology by a non-psychologist.

All materials should be sent to Div19 Past-President, Mark Staal (ethicalpsych@gmail.com). Please submit nominations in PDF format and list the name of your nominee and the award on the subject line of your email (e.g. John/Jane Doe, Julius E. Uhlaner Award). Winners will be notified by 30 June 2019 and awards will be presented during the Society for Military Psychology business meeting at the upcoming annual APA Convention in Chicago.

Nominee submissions must be received by 01 May 2019, to be considered by the Awards Committee

Detailed descriptions of the awards are on the Div19 webpage: <https://www.militarypsych.org/awards>

Risky Driving and Vehicle-Associated Mortality in Veteran Populations: Trends, Causes, and the Way Forward

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Risky Driving and Vehicle-Associated Mortality in Veteran Populations

Motor vehicle accidents (MVAs) are one of the leading causes of death in the United States (National Highway Traffic Safety Administration, 2017), with previously deployed military veterans at greater risk of being in an MVA compared to the general population (Knapik, Marin, Grier, & Jones, 2009). MVAs and vehicle-associated mortality are a critically under-researched phenomenon given their prevalence rates relative to the civilian population and other causes of veteran mortality. This article summarizes the epidemiological evidence of the last 40 years relating military service and combat exposure to MVAs, risky driving behaviors, and subsequent negative driving outcomes; additionally, the following article proposes future research directions that will be essential in understanding why our veterans are driving themselves to death.

MVAs and Vehicle-Associated Mortality in Veterans: An Exception to the Healthy Soldier Effect

Military service is generally considered protective through what has been termed the “healthy soldier effect” (HSE). HSE describes the phenomenon of reduced mortality rates in veteran populations when compared to their civilian counterparts. Veteran-status is thought to reduce mortality by stringent selection criteria for entry into the military, comprehensive medical coverage, and enforced standards of physical well-being (Kang & Bullman, 1996). Epidemiological studies support the presence of HSE in veteran populations with the associated protective effects persisting in most cases of cause-specific mortality (Kang & Bullman, 1996; Levine, 1991; Mancha, Watkins, Nichols, Seguin, & Bell, 2014; Strand, Martinsen, Fadum, & Borud, 2016). Meta-analyses estimate veterans’ overall mortality rates are 10% to 25% less than that of an age-matched civilian population and that these effects persist even after leaving military ser-

vice (Bullman et al., 2017; McLaughlin, Nielsen, and Waller, 2008).

Despite military service conferring an *overall* protective benefit, the data suggests a much different story when isolating cause-specific mortality. Vehicle-associated mortality has been a consistent exception to HSE for the last 40 years, with marked increases in incidence rates following major military conflicts. Illustrated in the studies below, the incidence of vehicle-associated mortality and MVAs exhibit variation depending on the cohort being studied and the time period measured following deployment (Bollinger et al., 2015; Bullman et al., 2017; McLaughlin, Nielsen, & Waller, 2008; Waller & McGuire, 2011).

Vehicle-Associated Mortality Among Vietnam and Gulf War Veterans. During the first five years after deployment, recently discharged Vietnam veterans were almost twice as likely to die in a motor vehicle accident as veterans who did not serve in Vietnam (CDC, 1987). This vehicle-associated mortality persisted despite controlling for the presence of a passenger, driving conditions, and blood alcohol content (CDC, 1987). Hearst, Newman, and Hulley (1987) examined the effect Vietnam military service had on mortality rates by comparing draftees against their non-selected counterparts. Given individuals were randomly selected to serve in the military through the Vietnam draft, a natural experiment was created reducing bias associated with self-selection for military service. The randomized nature of this cohort further supported findings that military service was the most likely cause for a 49% increase in veteran vehicle-associated mortality when compared to their non-veteran peers (Hearst, Newman, & Hulley, 1987).

The Gulf War, which was operationally called “Desert Storm,” occurred 15 years after the end of the Vietnam War. Similar to the Vietnam cohort, Desert Storm veterans were 1.32 (95% CI: 1.13, 1.53) times more likely to have a vehicle-related accidental death compared to those veterans who did not deploy over the seven-year period following deployment (Kang & Bullman, 1996). This trend in deployment-associated MVA mortality has been shown to decline after 5 to 7 years until it returns to the rates of the non-deployed military population (Centers for Disease Control and Prevention, 1987; Kang & Bullman, 1996).

Vehicle-Associated Mortality and MVAs Among Iraq and Afghanistan War Veterans. More recent studies of veterans from the conflicts in Afghanistan (i.e., Operation Enduring Freedom [OEF]) and Iraq (i.e., Operation Iraqi Freedom [OIF]) continue to support findings that deployment is related to increased risk of MVAs. The United States Automobile Association ([USAA], 2012) found that over a three-year period (2007-2010) OEF/OIF veterans were 13% more likely to be involved in an at-fault MVA 6-months after deployment compared to the 6-months prior to deployment. Among these servicemembers, the greatest increases for an at-fault MVA were for Army personnel (23%) and junior enlisted soldiers (E1-E4; 22%) 6 months post-deployment. A single deployment elevated an individual's risk to be in at-fault MVA by 12 percent. An individual's risk for an at-fault MVA was further elevated with greater frequency (two deployments = 27%; three or more deployments = 36%) and length of deployments (USAA, 2012).

The Effect of Combat Exposure on Risky Driving

Research supports that combat exposure is associated with increased risk of vehicle-associated mortality and negative driving outcomes. A meta-analysis of 20 studies supports the finding that combat-zone veterans, when compared to those deployed to a non-combat zone, were at an increased risk for dying in an MVA for Vietnam era (Summary mortality rate ratios (SMRR) = 1.26,) and Gulf War era (SMRR = 1.26,) veterans, which gradually reduced over the course of follow up (Knapik, Marin, Grier, & Jones, 2009). In addition, Woodall, Jacobson, and Crum-Cianflone (2014) found that OEF/OIF servicemembers exposed to combat and with multiple deployments were at increased risk for MVAs six-months following deployment.

Available evidence suggests that combat exposure and its related sequelae are the proximate causes for post-deployment risky driving (Bell, Amoroso, Wegman, & Senior, 2001; Castro et al., 2006; Hannold, Classen, Winter, Lanford, & Levy, 2013; Lew, Amick, Stein, & Cifu, 2010). Preservice delinquency and risk-taking behavior, impulsivity and risk-taking characterological factors, and psychological disorders (i.e., TBI and PTSD) contribute to the likelihood of engaging in risky driving behavior after combat exposure (James, Strom, & Leskela, 2014; Thomsen, Stander, McWhorter, Rabenhorst, & Milner, 2010). Further, combat exposure has a statistically significant, albeit limited, influence on the development of characterological factors related to impulsivity and risk-taking propensity. (Killgore et al., 2008; Killgore, Castro, & Hoge, 2010). Psychological disorders that are associated with combat exposure, such as TBI or PTSD, moderate the severity of post-deployment risky behaviors (Lew, Amick, Stein, & Cifu, 2010; Tessier, Whipple, Robinson, &

Schultheis, 2017; Thomsen, Stander, McWhorter, Rabenhorst, & Milner, 2010; Whipple, Schultheis, & Robinson, 2016).

Recent Trends and the Erosion of the Healthy Soldier Effect

Recent studies examining OEF/OIF veterans have raised the possibility that reductions in mortality associated with military service has eroded (Bollinger et al., 2015, Bullman et al., 2017; Schoenbaum et al., 2014). A retrospective analysis of the records for 1.3 million veterans discharged between 2001-2007 found that deployment to Iraq or Afghanistan had no effect on MVA-associated mortality (Bullman et al., 2017). All veterans, regardless of deployment, were found to be at a 45% higher risk than the general population for dying in a motor vehicle accident (Bullman et al., 2017). One other study (i.e., Schoenbaum et al., 2014) found no association between fatal accidents and deployment for active duty veterans from 2004-2009. Overall, the accident rate for never deployed (i.e., no combat exposure) increased during the study's timeline. These findings raise the possibility that HSE for all-cause mortality is eroding for OEF/OIF veterans compared to the U.S. populations (Bollinger et al., 2015).

Critical Topics to be Researched

The last 50 years of research into veteran driving behavior presents mixed and conflicting information for increased mortality following deployments and/or combat exposure. Therefore, it is important to reconcile the discrepancies in the literature. The following proposals are presented as future directions to clarify critical topics regarding veterans driving behavior.

Military Psychologists, and those providing care to military members and their families, should remain acutely aware of possible erosion of HSE in recent years. It is unclear if the OEF/OIF cohort have the same protective benefits associated with HSE, and if such a change effects recent observable trends in vehicle-associated mortality. Recent retrospective data suggests that the OEF/OIF cohort may reflect an erosion of the "Healthy Soldier Effect," in part due to the length of the "War on Terror" (Bollinger et al., 2015; Bullman et al., 2017). Post-deployment driving risk may be less pronounced due to an overall increase in all OEF/OIF mortality rates- whether driving or otherwise- due to unique effects of the cohort being considered. Regardless, it may be increasingly the case that the assumption of a healthier military population (when considering mortality rates) may no longer be the case. Research should continue to monitor and investigate this change.

MVAs and vehicle-associated mortality are critically underrecognized by servicemembers, researchers, and policy makers. Often accidental deaths, perhaps by virtue of its

definition, are often seen as unavoidable and attributed to a situational or characterological quality. This perspective depreciates the actual utility to looking at a very real public health issue in the military. Despite significant progress made in reducing MVAs in society and the military, deployed male veterans have a higher risk relative to the general population of dying behind the wheel (SMR=1.46,; Bullman et al., 2017) than suicide (SMR=1.38, Kang et al., 2015). MVAs must not be overlooked as inevitable, but be considered equivalent of any health behavior.

There is significant evidence from the last 40 years supporting deployment with combat exposure as a critical component for the development of risky driving in veteran populations. However, recent evidence has called this into question (Bullman et al., 2017; Kang et al., 2015). Further, it is suggestive that suicide and vehicle-associated mortality, as the two prominent exceptions to HSE for mortality rates, may actually be directly related. It is imperative to clarify the model of risky driving in veteran populations to identify possible points of interventions to reduce risky driving behavior. In addition, better understanding the processes involved in making driving decisions may generalize across other high-risk domains (e.g., suicide, aggression, impulse control, substance use).

An overlooked area of research is understanding how specific driving behaviors on deployment may lead to increase risky driving upon return to non-combat civilian settings. A more thorough examination is needed to understand how preservice characteristics interact with specific combat experiences in post-deployment risky driving. Previous literature relates veterans preservice risk taking to deployments but does not discuss specific combat experiences and/or deployments. To mitigate this risk, it is necessary to increase research on the intricacies of combat exposure as more than a one-dimensional construct and understand the processes involved. Further, understanding the impact of combat exposure and the associated adaptive behaviors will further elucidate why risky, compensatory driving strategies occur among combat veterans that contribute to their increased risk of MVAs.

Conclusion

Veterans, a historically healthy population (Kang & Bullman, 1996), have been involved in more MVAs in the years immediately following deployment at rates greater than their civilian counterparts (Centers for Disease Control and Prevention, 1987; Knapik, Marin, Grier, & Jones, 2009). There is even preliminary evidence that increased vehicle-associated mortality may generalize beyond deployed veterans. However, despite roughly 50 years of research, the current understanding of veteran driving

behavior is limited at best. If any of the demonstrated trends hold for risky driving in veteran populations, the next large-scale military conflict will create an avoidable public health crisis as millions of returning veterans will be at increased risk for MVAs. Regardless of trends in past cohorts, OEF/OIF veterans appear to be at particular risk given recent data. Attending to the existing critical questions will help researchers, clinicians, and policy makers better understand what steps can be taken to mitigate the risk of military servicemembers and veterans dying in MVAs.

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“Privilege is here, and with Privilege Goes Responsibility”

Pat DeLeon

Honoring Those Who Went Before: One of the truly wonderful benefits of being actively involved within the APA governance is the opportunity to get to know, on a very personal basis, those visionaries who created and/or intimately shaped the development of the profession. When Joe Matarazzo was elected our 1989 President, I was fortunate to be able to assume his seat on the Board of Directors. Joe is now in his early 90s and undoubtedly can reflect with pride upon creating the field of health psychology which today significantly contributes to integrated and holistic care, both of which were very high priorities within the Obama Administration and the landmark Patient Protection and Affordable Care Act (ACA).

A World War II U.S. Navy Veteran, Joe was appointed one of the original members of the Uniformed Services University of the Health Sciences (USU) Board of Regents. For those aware of the early days at USU, he single handedly created the Department of Medical Psychology; notwithstanding the rather strongly held adverse view of the first University President. The Department has now graduated 138 doctoral level psychologists, many of whom are still on active duty serving those who willingly place themselves in harms' way. Perhaps of equal importance, over 6,000 Medical Corps Officers have been exposed to the concepts related to the psychology of illness and being a patient; thereby improving the care of literally millions of DOD beneficiaries, both those deployed and those supporting, either professionally or personally, those deployed. For those colleagues supportive of the psychopharmacology (RxP) agenda, USU played a major role in demonstrating for the nation (and as Steve Ragusea keeps emphasizing, for psychology) that our practitioners could learn to provide safe and effective (i.e., quality) psychopharmacological care.

1995 APA President Bob Resnick: “It is hard not to notice Joe and since he is more than a decade and a half my senior, I always listened when he pontificated one-on-one on the current status of American Psychology. At the end of each mini-lecture, he would look me in the eyes and say ‘You’ll do OK Resnick.’ His compliment when I was successful in the antitrust suit against Blue Cross/Blue Shield was ‘Most thought you would lose.’ In ‘Joe speak’ that was a compliment. It should not be forgotten that Joe advanced psychology in ways few could or even tried. He was the founding chair of the Department of Medical Psychology at the Oregon Health Sciences University – an independent department on par with surgery, pediatrics and, of course, psychiatry. He founded and named the burgeoning field of health psychology. We had this ongoing

‘battle.’ His jacket always needed pressing and he always called me ‘Resnick’ even up close and personal. I always think of Joe as a mentor and tormentor.”

Joe is one of several of our senior colleagues who were interviewed for the Hoffman report. Ever the optimist and strong proponent of military psychology, he recently noted: “Since 2009, a small group of psychologists has attempted to associate me, and some seven other former presidents of the American Psychological Association (APA), with a so-called ‘CIA torture program.’ I have repeatedly denied such as association, and this has been confirmed by a number of individuals who have firsthand knowledge of the events.... I will end by sharing my belief that, in time, the damage the issue of ‘torture’ has wrought on a number of American psychologists and the APA will have been corrected. Herd mentality on an even larger scale has occurred before in our country. As an example of why I am optimistic, I note that the passage of time has restored the reputations of many individuals who were falsely accused during the 1950s by Senator McCarthy. I firmly believe that restoration also will happen for those of us who have been unfairly portrayed in the media and in the Hoffman report [Health Psychology Open, July-December, 2018, <https://journals.sagepub.com/doi/10.1177/2055102918798235>].” We would rhetorically ask: When will APA do the right thing?

Maturing Professions: Major Kimberly Finney, USAF, (Ret.): “I entered the military as a biological scientist and retired as a military psychologist providing and overseeing mental health services for thousands of people in need. During my tenure, I served as a prescribing psychologist which was the highlight of my career. This gestalt allowed me to provide comprehensive mental health services to service members and their family when mental health services for family members were scarce with a waiting time of three or more months.

After serving 23 years in the USAF, I left active duty service and was hired as a clinical associate professor at USC, Suzanne Dworak-Peck School of Social Work. One key factor in hiring me was to contribute to the academic development of their military social work program. As such, I became the chair of the military program. I also created a psychopharmacology course for social workers, which led to the writing of my newly published book: *Basic Psychopharmacology Principles: A Quick Guide for Mental Health Professionals*. I wanted a book that discussed neurobiology and laboratory medicine, along with

psychotropics within a biopsychopharmacological-model. I now serve as the lead professor in psychopharmacology, clinical practice for service members and Veterans, and assessing wellness and health.” An historical note: At the beginning of psychology’s RxP quest, the NIMH provided funding to social work to explore developing an appropriate RxP curriculum.

Within the accreditation world one cannot help but notice the traction gained by the newest accreditation system in psychology, the Psychological Clinical Science Accreditation System (PCSAS), including at DOD. PCSAS was started by those clinical psychology directors who wanted a system with more flexibility and a greater concentration on science than in the APA accreditation system. Its stated purpose is to create a system “that increases the quality and quantity of clinical scientists contributing to all aspects of public health and extends the science base for mental health care.” As of today, PCSAS accredits nearly 40 prominent clinical programs, and has been recognized by the Veterans Administration (VA), the Association of Psychology Postdoctoral and Internship Centers (APPIC), NIH, a large number of psychology and mental health groups and is starting on a state-by-state effort to gain licensure recognition that has had success in 6-7 states already.

PCSAS Executive Director Alan Kraut (who formerly was on the APA staff for many years and then the founding Executive Director of APS [the Association for Psychological Science]) says that he now is hoping to work with the DOD to gain recognition. “We’ve had good preliminary conversations with military psychologists, the Congressional Committees with jurisdiction, and others in leading positions in the Armed Forces, all around allowing PCSAS graduates to treat service members and their families. The discussions have been very positive and we hope that relevant regulations recognizing our organization will be considered and adopted, just as they were in the VA.” Their efforts got a significant boost this year when the House of Representatives included in its 2019 DOD legislation that it “encourages the Assistant Secretary of Defense (Health Affairs) to review its regulations regarding employment of clinical psychologists who graduate from schools accredited by the Psychological Clinical Science Accreditation System.” Over the years, we have personally come to appreciate the public policy benefits of encouraging competition. Unprecedented change is coming. Aloha, (JFK: The Last Speech. October 26, 1963.)

Pat DeLeon, former APA President – Division 19 – January, 2019

Qualitative Analysis of Servicewomen's Perceived Accessibility of Mental Health Care: Preliminary Findings

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Research Overview

A growing proportion of the United States Armed Forces is composed of women, and their unique experiences related to mental health treatment have largely gone unexplored. As of July 2018, women comprised 16.48% of the overall active-duty military personnel, including 17.88% of active duty officers and 16.17% of enlisted personnel (Defense Manpower Data Center, 2018). Approximately 150,000 of the 2.5 million service members who have deployed to Iraq or Afghanistan since March 2003 have been women (Blank, 2008; Department of Defense, 2011; Murdoch et al., 2006), and although women have not traditionally served in combat roles, 87% of the deployed women report combat exposure (Owens, Herrera, & Whitesell, 2009).

With a growing population of women in the military, it is increasingly important to consider gender differences with regards to experiences, challenges, and concerns to both better understand and best assist female service members. In addition to the challenges associated with deployment (Sayer et al., 2010), reintegration (Cornish, Thys, Vogel, & Wade, 2014; Sayer et al., 2010), and military sexual trauma (MST) reported by both genders (Barth et al., 2016), women also report concerns about equality in the workplace, feeling scrutinized by men, perceiving a lack of respect from all co-workers, and higher rates of MST (Katz, Bloor, Cojucar, & Draper, 2007; Mattocks et al., 2012). These challenges may influence the increased burden of mental health conditions among female service members (Crum-Cianflone, Powell, LeardMann, Russell, & Boyko, 2016).

Despite the rates of mental health concerns, half of all service members with elevated mental health symptoms did not seek treatment from mental health providers (Hoge, Aucheterlonie, & Milliken, 2006; RAND, 2008); however, there is evidence that some may seek assistance from chaplains (Besterman-Dahan, Gibbons, Barnett, and Hickling, 2012). Many barriers to mental health care have been identified and can be considered either structural, such as cost and transportation, or attitudinal/evaluative, such as perceived provider capabilities and attitudes towards help-seeking (Mojabai et al., 2011).

Of the barriers noted throughout the research, a great deal of emphasis has been placed on stigma. Stigma has been defined as two separate components: self-stigma and public stigma (Corrigan, 2004). The presence of both public and self-stigma has been linked to decisions surrounding seeking mental health care. In particular, those who endorse self-stigma - the personal endorsement of negative beliefs about those with mental illness - are less likely to seek mental health care treatment. While the presence of stigma does not completely explain help-seeking behaviors, it has been negatively related to help-seeking attitudes (Vogel, Wade, & Hackler, 2007). Gender differences have been noted throughout the research on stigma and help-seeking behaviors, with women endorsing more positive attitudes towards help-seeking, and men internalizing stigma more frequently than women (Nam et al., 2010; Vogel et al., 2007). Although military members report unique barriers to care, there is limited literature investigating stigma and help-seeking behaviors within the military population and even less examining these variables in female service members.

Some aspects of military culture yield unique mental health care barriers. One major concern noted by many service members is confidentiality due to some mandatory reporting requirements for military behavioral health providers that do not exist for their civilian counterparts. Service members also are often concerned with how mental health diagnoses and treatment can impact their future career opportunities and tend to report concerns about responsibility to their unit (Cornish et al., 2014; Sayer et al., 2009). Further, service members note the experience of both public and self-stigma such as people blaming them for their mental health symptoms and wanting to avoid stereotypical labels such as "dangerous" or "violent" (Cornish et al., 2014; Mittal et al., 2013). The effect of stigma and barriers on service-members' attitudes and behavior is reflected in the discrepancy between those with mental illness and those who access available mental health resources.

Female veterans report unique barriers and stigma, such as concerns related to worth and a responsibility to uphold the reputation of all female service members (DiRamio,

Jarvis, Iverson, Seher, & Anderson, 2013). While female veterans are more likely to seek mental health care services (Blais & Renshaw, 2010; Brown et al., 2011), many who experience distress do not seek treatment. For example, female service members tend to underutilize VA services due to concerns about fitting in or a lack of provider sensitivity (Hoff & Rosenheck, 1998; Owens, Herrera, & Whitesell, 2009). In order to more fully understand limited utilization of military behavioral health services by active duty, female service members, it is important to examine the process of deciding to seek these services in members of the exact population who would make this decision - women who had a mental health concern while on active duty.

Problem to Solve

Previous studies examining female service members have primarily focused on veterans attending college (DiRamio et al., 2013) and service members who were seeking care at the VA (Hoff & Rosenheck, 1998; Owens et al., 2009) in the study samples. There remains a need to consider the experience of active duty service members, especially those experiencing a mental health concern.

In June of 2007, the Defense Health Board Task Force on Mental Health released a report on the current matters of mental health in the Armed Forces and provided recommendations for improving mental health services provided to the members of the Armed Forces (Department of Defense Task Force on Mental Health, 2007). This was one impetus for continued policy changes related to military mental health treatment, such as the 2011 regulation clarifying command notification requirements to address and dispel stigma (Department of Defense Instruction, 2011). With the implementation of new policies to improve mental health, it is important to understand the current perceived views of the accessibility of mental health services among active duty, female service members. The current research seeks to understand the shared, lived experience of accessibility of mental health treatment including barriers, such as stigma, among female, active duty service members who have noted a mental health concern while on active duty during the period after the publication of the report by the DoD Task Force on Mental Health.

Solution and Approach

Qualitative research designs provide the distinct opportunity to understand the shared experiences of groups from their own perspective, thus it was determined that this design would best accomplish our goal of understanding the experience of female service members related to mental health treatment seeking. In March 2018, we began conducting in-depth interviews with women who had served on active duty about their experiences related to the acces-

sibility of mental health treatment. We recruited service-women via flyers at a large, southern university and a small Air Force base, Facebook advertisements, and snowball sampling.

Women of any military branch or rank, who had served on active duty for any period of time since 2008, endorsed the experience of a mental health concern while on active duty, and were 18 years-of-age or older were eligible to participate. Twelve women expressed interest in the study, and seven completed both interviews. Two were ineligible due to service status and three dropped out of the study (two following the screening, one following completion of the demographic questionnaire). Participants completed two semi-structured interviews with the principal researcher via telephone ($n = 6$) or skype ($n = 1$) and two brief online surveys (demographic survey and Military Stigma Scale (MSS; Skopp et al., 2012). All study participants completed informed consent prior to participation in the study.

Interviews

The first interview focused on participants' experiences with mental health treatment seeking, influencers of treatment seeking, knowledge of mental health services, and the consequences of seeking treatment and/or receiving a diagnosis. The second interview followed the completion of the MSS, a 26-item scale that assess a military service member's self and public stigma (Skopp et al., 2012). During this interview, participants were asked to reflect on specific answers they provided on the scale and to share any experiences that influenced their answer choices. Further, they were asked to share any recommendations they had for improving the accessibility of mental health treatment for active duty, female service members.

Data Analysis

All interviews were digitally recorded and transcribed verbatim. We analyzed data thematically in NVivo 11 with interpretive phenomenological analysis (IPA). IPA seeks to give voice to the participants' experience by capturing the elements they provide while also making sense of the experience through interpretation, grounded in the participants' accounts (Larkin & Thompson, 2012). To help ensure study validation, researchers utilized triangulation (Patton, 2015), prolonged engagement in the field (Creswell & Poth, 2018), an audit trail (Rodgers & Cowles, 1993), and a researcher's journal with analysis and interpretation memos (Patton, 2015). A codebook was developed by having all research members open code the first transcript and then perform line-by-line coding together. Following the creation of the codebook, two researchers coded each transcript to ensure intercoder reliability. Subsequent revisions were made to the codebook as

new codes and themes became apparent. We summarized codes and began organizing them thematically with representative quotes selected from multiple interviews for each theme.

Preliminary Findings

Seven women participated in the study for a total of 14 interviews. Data collection is ongoing. All military branches were represented in the sample. All but one participant was enlisted. Most participants self-identified as White (75%) and the average age of participants was 31.8 years (range 22-50). Five of the participants reported at least one deployment, and four reported experiencing military sexual trauma. Five participants reported they had sought mental health treatment from a military provider, and two of those individuals also reported treatment from a civilian provider.

Changes in Military Mental Health Culture

Throughout the course of the interviews, participants were able to reflect on and share their own personal experiences, including factors that influenced their decision to seek or abstain from mental health treatment. Many participants conveyed a sense of improvement surrounding mental health treatment within the military medical system, both in regards to accessibility and responses to seeking mental health treatment. Many noted that there are still concerns associated with seeking mental health treatment, but overall the military is progressing in a positive direction in regards to reducing the stigma and structural barriers associated with mental health concerns and treatment. One participant stated, "Yeah [the military is] really making improvements but it's not quite up there yet." Within this general positive trend, participants highlighted three areas they felt exemplified the positive improvements as well as the continued concerns regarding mental health difficulties and treatment: structural barriers, stigma, and views of women.

Structural Barriers. Many participants reported minimal concerns related to structural barriers to mental health treatment. Participants indicated that they had a vast knowledge of the mental health services available to them, knowledge of how to access the services, as well as the ability to seek services if they chose to. One participant summarized the limited concern of structural barriers by sharing, "I mean, I don't think accessibility is really the problem necessarily because it's there. I mean, it really is." Many participants conveyed there were a variety of treatment options available to them including a range of formal to informal help, religious based help, and group or individual therapy.

Stigma. Participants did report ongoing concerns about the stigma related to seeking mental health treatment while on active duty. Specifically, participants expressed

concerns about the potential career consequences that could follow a mental health diagnosis or treatment (e.g., deployments, re-enlistment). "I knew services were available, it was more just being really hesitant to take part in them because I was afraid I would lose my job." Of the participants who had sought treatment while on active duty, most reported that they did not experience any negative responses from their coworkers or supervisors who were aware of their treatment. Further, many explained that they understood their mental health treatment to be confidential other than for specific circumstances (e.g., suicidality). The personally, positive experiences tended to be associated with reduced stigma following mental health treatment seeking. Our results suggest possible improvements in the stigma surrounding mental health concerns and treatment within the military; however, concerns regarding potential impact on careers remain for many individuals.

Views of Women. Finally, although participants reported improvements in other areas, they endorsed a continued concern with the views of female service members held by fellow service members, especially male coworkers. While participants often identified positive interactions with coworkers regarding their mental health concerns and treatment seeking experience, they also described a pressure to be "okay" or to "fix themselves." Further, they indicated that their sex was often used as the explanation for and reason for dismissal of any mental health concern as if women are fundamentally flawed. For example, one woman summarized this general feeling by stating, "Just being in a career field that's like mostly male dominated and like 'Oh you know, she's just being dramatic' or this or that or the other, you know?" Another participant shared the following experience related to some of her difficult mental health concerns: "I had a Chief ask me if I was on my period cuz I was sitting at my desk crying..." Overall, many participants endorsed having had an experience where they felt as though they could not express their concerns or seek help due to negative preconceived notions of female service members.

Recommendations for Improving Accessibility to Mental Health Treatment. Despite progress, many participants did provide recommendations to increase the likelihood of female service members seeking mental health treatment while on active duty. One major improvement suggested was increased transparency regarding possible career outcomes of treatment seeking. As one participant stated,

I would really say just transparency..., I think that's the best thing you guys can do. Uh just saying 'if you need help, and then you go here, here's what happens' versus just being kinda vague and mysterious, you don't really know what's going to happen if you go there.

A second major recommendation was to increase provider diversity, allowing female service members to have more options such as seeing a civilian provider or having access to more female providers. Additionally, they reported that talking to someone who was not in uniform was less intimidating and provided them with more security that what was discussed would remain confidential. This last point also highlights the third recommendation: increased privacy. Female service members voiced the desire to access care privately as highlighted by one participant who said “But every time someone went to go get medical attention for something like [mental health concerns] the chain of command will always know and you know, if the chain of command knows, then everybody knows.” While many participants noted that the providers generally maintain confidentiality regarding material discussed in session, many unit members can become aware of treatment seeking which creates the potential risk of social consequences.

Implications

The preliminary results from this study suggest that efforts put forth by the Department of Defense to reduce barriers to mental health treatment and improve the climate around mental health concerns among active duty service members (Department of Defense Task Force on Mental Health, 2007) may be beginning to take effect for at least female service members. Most notably, participants reported minimal structural barriers to accessing mental health treatment at this time. They conveyed a broad knowledge of the treatment options due to leadership sharing information as well as the advertisements posted for different services. Compared to previous research which indicated that at least 22% of reasons noted for not seeking mental health treatment were structural barriers such as financial concerns, availability, and transportation difficulties (Mojtabai et al., 2011), many felt that structural barriers were no longer a major concern for treatment seeking. Additionally, many participants shared a general sense of reduced stigma surrounding mental health concerns and treatment such that it was becoming more acceptable and even encouraged for service members to seek mental health treatment. However, a few voiced continued concerns regarding career repercussions related to the decision to seek mental health treatment.

Participants also reported a continued concern about the negative views of female service members held by fellow service members. They noted that these perceived views and experiences often lead them to feeling as though their concerns are dismissed due to their sex. These notions are often a barrier for many female service members as they do not want to risk not being believed or being treated differently by their coworkers.

These results provide several implications for moving forward. In regard to military leaders, it is important that they continue to encourage and provide information about available mental health services. Further, they could continue to take steps to reduce any remaining structural barriers (e.g., ensuring service members can take time to seek services) or implementing a ‘zero tolerance’ policy for discrimination of anyone seeking treatment.

Clinicians should seek to understand the unique experiences of female military service members and assist in making them feel comfortable seeking treatment. It may be important for all clinicians to publicly advertise and share with all service members the reporting requirements as well as who will have access to treatment information. Further, providing information describing the potential outcomes of diagnoses or mental health treatment seeking may have on an individual’s career/deployment status, or retention/promotion opportunities could help service members make better-informed decisions.

Overall, preliminary results from this study suggest that female service members perceive the positive changes the military has made, which provide greater opportunity and support for treating mental health concerns. However, if service members continue to not seek services, we must work to understand what is continuing to prevent those actions and encourage treatment seeking behaviors. In our sample of service women, concerns about career repercussions and pervasive negative views of women were especially salient barriers. Continuing to ask service members what factors influence their decision to seek treatment, finding ways to improve perceptions of female service members, and increasing the transparency of the mental health treatment process and impacts could further increase rates of treatment seeking.

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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 three times a year

For specifics, please go to the DIV19 NEW webpage:

<http://www.militarypsych.org>

Spotlight on History

Jack W. Dunlap

Paul A. Gade

In this issue of the Spotlight on History we have the first of two biographies on Jack Dunlap and George Bennett that are written by Kim Johnson. Kim is not a member of Division 19 but is a member of Society for Industrial and Organizational Psychology (SIOP) and wrote two biographies for the SIOP website on Dunlap and Bennett as both are past presidents of SIOP as well of our Society. Information about long deceased past presidents is hard to find and compile, so I asked Kim to take a crack at revising his SIOP biographies of Dunlap and Bennett to be published on our society website and in the Spotlight on History column of our newsletter. For the Jack Dunlap profile/biography, I provided some additional information that I had on Jack but the work is almost entirely that of Kim's.



Jack W. Dunlap, 1902–1977

By Kim Johnson

Jack Wilbur Dunlap was the fifth president of Division 19, serving as president from 1953–1954. Jack was born on an Osage Indian Reservation in White Eagle, OK on August 11, 1902. During high school, he worked for the railroad that employed his father while at the same time completing a bookkeeping course on his own. After completing high school Dunlap enrolled as an agricultural economics and mathematical statistics major at Kansas State Agricultural College, which is now Kansas State University. He supported himself through college by playing piano in a dance band. After receiving his B.S. in 1924, Dunlap

taught mathematics at a local high school while pursuing his master's at Kansas State. After earning his M.S. in 1926, he began working toward his PhD at Stanford but left after a year to teach at the Territorial Normal and Training School in Honolulu, Hawaii. During this time Dunlap engaged his interest and talent for statistics, deriving many formulas regarding standard errors of various statistics.

Dunlap returned to school in 1930 to study under Edward Thorndike and received his PhD from Columbia University in 1931. He then taught at Fordham University, followed by the University of Rochester. He developed the *Academic Preferences Blank* in 1940 while at the University of Rochester.

Dunlap had a strong interest in psychometric methods and in the measurement of attitudes and mental abilities. From the time he returned to graduate school in 1930 to the time he entered the Navy in 1942, Dunlap published 42 papers, books, tests, and computational charts, served as editor of several professional journals, helped found the Psychometric Society, and served as its president in 1942.

World War II began in Europe in 1939, and in 1940 Dunlap was appointed Director of Research of the Committee on Selection and Training of Aircraft Pilots, a position he held in tandem with his teaching job at Rochester and that John Jenkins had held before him. He worked with John Jenkins on projects concerning the selection and training of pilots.

In 1942 Dunlap joined the Navy as a Lieutenant Commander. His first tour was in the Aviation Psychology Branch at the Navy Bureau of Medicine (BuMed) in Washington, D.C. where he worked with John Jenkins among others. After his BuMed tour, he was appointed to the Naval AIT Station near Key West, Florida as Officer-in-Charge at the Free Gunnery Training and Research Unit. He was also stationed at other Naval Stations in the course of his service, including in Oklahoma and Washington, D.C. Interestingly, his last Navy assignment was with the Office of Naval Intelligence where he served as a member of the U.S. Naval Technical Mission in Europe, on the highly classified and controversial intelligence mission called Project Paperclip. The mission of Paperclip was to search for Nazi scientists who developed weapons during the war, interrogate them, and bring some of the most important scientists, such as Wernher Von Braun, to the United States to continue their work on the programs they had worked on for Germany during the war. They also searched for weapons facilities, equipment, and documents from the

Third Reich that might prove useful to the United States. Jack's assignment with Paperclip was to find the engineering staff and technical drawings for the Messerschmitt ME 262, the world's first jet fighter developed by the Nazis. He managed to successfully complete this assignment in a matter of a few weeks bringing key staff members and their families from Leipzig in east Germany to Paris.

Dunlap retired from the Navy as a captain in 1946 and went to work for The Psychological Corporation. Under George Bennett's (the tenth president of Division 19) leadership, Dunlap helped establish a new division of biomechanics, focusing on human factors. This division worked closely with government agencies in a series of studies of human factors in high-speed flight.

In 1947, Dunlap and colleague Phillip Morris left The Psychological Corporation to start a company of their own—Dunlap, Morris and Associates. Morris left the company to return to his family's brewing business (Pabst) in 1948 and Dunlap moved the company to Stamford, Connecticut and changed its name to Dunlap and Associates. Dunlap's company continued to work closely with the Air Force, the Army, and the Office of Naval Research. Over the years, they worked on projects such as emergency medical care, highway safety, agricultural economics, flight simulators, and many others. Dunlap and Associates was tremendously successful. Dunlap served as President of the company until 1966 and Chairman until 1970, and he remained a director into his retirement.

Dunlap was an editor of the *Journal of Experimental Education*, the *Journal of Educational Psychology*,

Psychometrika. He was active in 17 professional societies. He was a Fellow of the American Psychological Association and of the Human Factors Society. He was a Diplomate in Industrial Psychology of the American Board of Examiners on Professional Psychology. He helped found the Psychometric Society and served as its president in 1942. He was a founder of the Human Factors Society and served as its president in 1961. He was President of the New York State Association of Psychology. In addition to serving as president of the Society for Military Psychology (Division 19), he also served as president of two other divisions of the American Psychological Association: Consulting Psychology in 1947, and Division 14 (now the Society for Industrial and Organizational Psychology – SIOP) in 1950.

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Student Affairs Committee Report

Jourdin Navarro

Thus far, 2019 is shaping up to be another exciting year for the Student Affairs Committee (SAC). With the expansion of opportunities for student involvement in Society initiatives, including the Society Leadership Program, the Regional Symposia Series, and the expansion of the Student Chapter Network, there has never been a better time for students to get involved. The best way to stay up-to-date with the latest leadership position openings, training experiences, networking opportunities, and other CV boosters is to read our monthly listserv announcements, follow us on social media, or visit our student website at <http://www.division19students.org>.

In January, we welcomed several new student leaders to our team. I am happy to announce and warmly welcome our new Chair-Select, Ethan Bannar. Ethan is a second-year student in the Psy.D. program at the University of Denver and an Air Force HPSP recipient. Ethan has already proven himself to be a valuable asset to our team and will no doubt make a great military psychologist someday.

We also welcomed three new Regional Representatives to our team in January. In the western region, we welcomed Ana Vasquez, a first-year doctoral student at the University of Utah. We also welcomed Vanessa Silva, a third-year doctoral student at Adler University, as our central regional representative. Last, but certainly not least, we welcomed Leslie Darnell, a second-year doctoral student Nova Southeastern University as the representative for our eastern region. Welcome aboard, ladies!

Lastly, we are happy to announce ENS Keen Seong Liew as our newest Virtual Projects Officer. Keen is a second-year doctoral student at the Uniformed Services University of the Health Sciences. The 2019 Student Leadership Team is comprised of a lot of new faces (and fresh ideas!) and we are very excited about what's on the horizon. Please visit our leadership page on our website for an overview of our leadership structure and to learn more about our team!

While we are grateful to bring on so many emerging student leaders, January was also a time to say a fond farewell to our veteran leaders as they continue on their professional and personal journeys. We say goodbye to our former Regional Representatives, Katie Fry, Michelle Koster, and Brian Kok. We also say goodbye to Ryan Warner, our former VPO. All four of these leaders helped improve the SAC during their tenures, and I am proud to call them colleagues. Good luck to you all in your next adventure!

In December 2018, Dr. Nate Tenhundfeld ended his watch as Past-Chair and transitioned off the SAC. Throughout his three-year tenure on the SAC, Nate served as a great mentor to our students. He also helped keep Kelsi and I grounded with his post-graduate insight when we would experience graduate school angst and (frequently) reminded us that things do get better. Nate's mentorship is one of the reasons I chose to pursue leadership opportunities within Division 19, and I am happy to call him a friend. Nate, we wish you the best of luck, and thank you for your service to this committee.

As we look forward to the rest of 2019, I hope to continue the momentum initiated by my predecessors. We already have several training opportunities in the pipeline, and we are looking forward to the opportunity to collaborate with other divisions and organizations to meet the needs of a diverse student population. Thank you to everyone who helped play a role in shaping our success in 2018, including our society leadership, mentors, webinar presenters, campus representatives, faculty sponsors, and of course all of our student affiliates! Cheers to another great year!

Jourdin Navarro, M.A.
Chair, Student Affairs Committee

Point of Contact Information

For further information, please contact:
Jourdin Navarro
Jnavarro99@midwestern.edu

Early Career Psychology Committee

Neil Shortland

A note from the Early Career Psychology (ECP) Committee Past-Chair:

I want to express how much I have enjoyed serving as ECP Committee Chair. I am grateful for the support of senior division leadership in the professional development and inclusion of ECPs across governance, as shown by our increased presence on boards and committees, our new professional development grants and the launch of the Society's Leadership Program. It is an exciting time to be an ECP, and I look forward to seeing what we accomplish in 2019!

Very Respectfully,

Ryan R. Landoll, Ph.D., ABPP
Division 19 APA Program Chair
Division 19 Early Career Psychology Committee Past Chair

The Early Career Psychology (ECP) Committee is pleased to introduce Dr. Jessica Ford as our new Chair-Select. Dr. Ford is an Assistant Professor in the Department of Psychology at East Carolina University and an inaugural 2018 recipient of Division 19's ECP Professional Development Awards. Past-Chair, Dr. Neil Shortland will assume the ECP Chair role. Dr. Shortland is an assistant professor in the School of Criminology and Justice Studies and the Director of the Center for Terrorism and Security Studies at the University of Massachusetts Lowell.

The ECP committee extends its sincerest thanks to Ryan Landoll Ph.D., ABPP. Under his leadership the ECP developed several new initiatives, including the inaugural ECP Professional Development Grants. These grants encouraged ECPs to explore areas that represent the breadth and diversity of the division and were used to fund seed

money for research grants, attend workshops or conferences, and defer expenses for licensure. The recipients of these grants all received funding to travel to San Francisco to present their projects to division leadership in our hospitality suite.

Spurred by Dr. Landoll's leadership, in 2018 the ECP membership showed impressive growth and retention, including an 86.6% retention rate of new members and a 10% increase in the overall number of new ECP members joining Division 19. Membership is a significant strategic objective of the ECP, and Division 19 as a whole and this year the ECP committee is excited to partner with a range of Division 19 committees to increase membership, diversity, and the services that are provided to our ECP members.

For all members who are interested in engaging with the ECP, and to stay alert to any upcoming announcements (e.g., the 2019 Professional Development Grants) follow our efforts on the ECP sub-section of the Division 19 website (<https://www.militarypsych.org/ecp-home.html>).

Thank you for your membership and support of military psychology. If you have any questions or I can be of any further assistance, please let us know

Kind regards,

Neil Shortland, Ph.D.,
Early Career Psychologist Committee Members:
Ryan Landoll, Ph.D., ABPP (Past Chair), Neil Shortland,
PhD (Chair), Jessica Ford, PhD (Chair Elect)

Point of Contact Information

For further information, please contact:

Neil Shortland Ph.D.,
neil_shortland@uml.edu

Communications Committee Update

Brian Lees

As I transition to Past-Chair, Alexander Wind will be taking over as the Chair. He is the creator of the militarypsych.org website and former chair of the membership committee. Alex is a Research Psychologist with the U.S. Army Research Institute for the Behavioral and Social Sciences working out of Ft. Belvoir, VA.

Continue to support our mission by staying involved with the Division online:

Check out our new webpage www.militarypsych.org

And join us on social media:

Facebook group: APA Division 19– Military Psychology
<https://www.facebook.com/groups/144879982276546/?fref=nf>

Twitter: @APADiv19, @Div19students

<https://twitter.com/APADiv19>

<https://twitter.com/div19students>

Join Division 19 here

<http://www.apadivisions.org/division-19/membership/index.aspx>

Join our “Discussion” listserv by going to this link <http://lists.apa.org/cgi-bin/wa.exe?A0=DIV19DISC>

For requirements for posting to this Announcement listserv, please email the Communications Committee Chair, Brian Lees, PsyD, ABPP at div19list@gmail.com. To see archived announcements, go to <http://www.militarypsych.org/announcements.html> or to the Division 19 Listserv home page at <http://lists.APA.ORG/cgi-bin/wa.exe?A0=DIV19> (APA listserv username and password required)

Very Respectfully,

Brian Lees, PsyD, ABPP
Division 19 Communications Past-Chair
American Psychological Association

APA Council of Representatives Update

Dear Division 19 Members,

The results of the annual apportionment ballot, determining the composition of the APA Council of Representatives, were released. As a reminder Council is the legislative body of APA and consists of representatives of APA Divisions and State, Provincial, and Territorial Psychological Associations (SPTAs). Its decisions and actions influence military psychologists and consequently service members, veterans and their families significantly.

We are happy to announce that Division 19 retained two seats on Council. We also garnered 159 more votes than last year, which is a positive trend towards our ultimate goal of attaining a third seat.

APA divisions, as a group, were awarded 102 seats, and SPTAs, as a group, were awarded 60 seats. Each SPTA was awarded one seat. Three divisions lost a seat (Divisions 17 - Counseling, 32 - Humanistic, and 36 -

Religion and Spirituality), and three divisions gained a seat (Divisions 39 - Psychoanalysis, 42 - Independent Practice, and 45 - Culture, Ethnicity and Race).

Division 19 is one of the most diverse divisions in APA - most of our members belong to at least one other division. As a result, when it comes to the apportionment ballot, it is common that our members split their votes. While wonderful that our total number of votes grew (especially since we gained the second seat several years ago on the slimmest of margins - 1 vote!), the following is provided to demonstrate the power of voting all - or the majority of - your votes to one division.

Sally Harvey and Carrie Kennedy
Division 19 Members of the APA Council of Representatives

Div19 Regional Symposia Series (RSS) Committee Update

Division 19 Members,

The Regional Symposia Series (RSS) Committee wants to send you an end-of-the year update to let you know that we are excited about this upcoming educational series which will begin in Spring of 2019. We have selected three sites who will host the RSS events. We are currently in the planning process and are solidifying dates, topics and speakers. Further details will be announced after the New Year.

Several members have suggested that we provide the contact information for each of the sites. Below are the three RSS host sites for 2019 and the relevant contacts:

a. American School of Professional Psychology at Argosy University-Arlington, VA (Dr. Michael D. Lynch at mdlynch@argosy.edu)

- b. Adler University-Chicago, Illinois (Dr. Joseph Troiani at troia@adler.edu)
- c. RTI International-Research Triangle Park, NC (Dr. Jessica Morgan at jemorgan@rti.org)

The RSS Committee looks forward to this initiative and hopes to see you at one or more of these one to two-day regional events. We plan for the series to continue to grow the following year and look forward to having more of your involvement in the future. We will update you as soon as we have specific dates. Feel free to contact Dr. Katy Barrs (kathryn.barrs@du.edu) with any questions.

Sincerely,
The RSS Committee

APA Program Committee Update

Ryan Landoll

We hope to see you in the Windy City! The APA convention will be Chicago (August 8-11) this year and I am SO excited for this year's programming!

First off, I want to thank our 2018 Program Chair, Dr. Angela Legner, for her service and welcome our 2020 Program Chair and suite coordinator this year, Dr. Hannah Tyler. We have a great team in place for the convention and I am grateful for their service to the Division.

Speaking of great teams, we had a phenomenal team of over 40 reviewers this year who completed reviews of over 100 submissions. Thank you to all the reviewers (names listed below) and be on the lookout for some recognition at convention – over 60% of whom were Early Career Psychologists! We hope you will join us to see the product of your hard work!

The product of these reviews is a fantastic program of 80 posters across 2 sessions, and 18 hours of symposia, conversation hours, and skill building workshops. Be on the lookout for a more formal convention read-ahead and updates to our website (<https://www.militarypsych.org/convention-home.html>) this Spring, as times and dates are finalized. But as a preview, we'll be offering talks on topics ranging from the ethics of operational psychology, to the field of aerospace psychology, and understanding women leaders in the military. We also have several talks organized around themes such as leveraging technology in psychology and navigating the Veteran's Affairs system – both for patients as well as for psychologists seeking jobs in these roles.

I hope this preview excites you about the idea of coming to convention! Did you know that the number of hours we receive from the APA for programming is the direct result of how many division members attend APA? With your help, we can offer even more high quality programming – we had to turn away over a quarter of our submissions and work to combine several to fill this year's schedule.

Finally, the success of the convention depends on the hard work of our division leadership. If you are interested in getting more involved in the division, this is a great opportunity. We will have a "Social Media Ambassador Team" that will work directly with the Program Committee to publicize division programming and assist with making sure APA members at large see and understand the role and benefits of military psychology to the APA, psychologists, our patients, and our society. If you are interested in helping with this team, we need a large group to ensure its success! Email me at rlandoll@alumni.unc.edu. We will

provide training and onboarding and it is a great chance to get to know Division 19 better.

See you in Chicago!

Ryan R. Landoll, Ph.D., ABPP
Chair, 2019 APA Program
Past Chair, Early Career Psychology Committee

Many thanks again to our Program Committee Reviewers:

Alexander Wind
Allison Battles
Ashley DeMarco
Brian Letourneau
Carrie Kennedy
Charley Blunt
Chaska Gomez
Demietrice Pittman
Erica Harris
Felicia Pryor
Frank Norton
Hannah Tyler
Heather Smigowski
Jackie Hambleman
Jason Cantone
Jeremy Jinkerson
Jessica Ford
Joanna Dziura
Lisa Boyce
Marcus VanSickle
Michael Gasser
Michelle Kelley
Mike Brennan
Nathan Ainspan
Nausheen Momem
Nick Grant
Rachell Jones
Rebecca K Blais
Richard Ievoli, Ph.D.
Russ Reynolds
Ryan Warner
Samantha Daniel
Sara S Hennings
Shara Francin
Shayne Gallaway
Sherrie Wilcox
Tiffany Brakefield-Allen
Trina Do
Wyatt Evans

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, @Div19students

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

Conferences

Association of Behavioral and Cognitive Therapies (ABCT)

ABCT 2019 Annual Conference will be in Atlanta, GA Nov 21–24, 2019.

The theme of the conference this year is: Wisdom of Purpose and Perspective, Extending the Social Impact of Cognitive Behavioral Science. The theme is intended to address how to extend the reach and social impact of scientific knowledge to reduce mental health burden and improve lives. More information about the conference and the topic areas of interest can be found here: <http://www.abct.org/Conventions/>. The general theme relates to partnerships, interfacing with stakeholders, improving knowledge delivery and efficiency, interacting with industry, etc.

Job Opportunities

Psychological Health Center of Excellence (PHCoE) Primary Care Behavioral Health Branch

The Primary Care Behavioral Health Branch of the PHCoE requires a clinical psychologist to provide clinical expertise to inform development of curriculum, programs, training, and program evaluation for PCBH programs across the Department of Defense (DoD). Individual should have expertise in evidence-based treatment methods and techniques addressing a wide variety of health and medical conditions commonly seen in a primary care behavioral health setting. This team member will assist with

developing research protocols, provide clinical and research expertise to collaborating agencies, analyze and prepare data and relevant information for presentations and publications, develop and deliver program curriculum, lead training and education activities, and respond to agency inquiries related to primary care behavioral health topics.

Duties and responsibilities include: (1) assist with development/oversight of health services research protocols; (2) conduct basic data analysis; (3) serve as a liaison with collaborating agencies regarding issues of psychological research and study design; (4) monitor research literature, keeping research team members abreast of relevant scientific findings.

Qualifications for the position include: (1) a doctoral degree in clinical psychology, preferably with focus in health psychology; (2) demonstrate strong understanding and knowledge of a team-based treatment approach to managing patients within a primary care setting; (3) minimum of 1-2 years of clinical or research experience after completion of pre-doctoral internship.

Application instructions: please visit www.salientcrgt.com/careers; contact Stacey Trammel at 703-891-8606 or stacey.trammel@salientcrgt.com for more information.

Training Opportunities

Military Culture Training

This 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.

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

Assessing Suicidal Behavior in the U.S. Military – Landstuhl, Germany

The CDP is offering a 2-day evidence-based workshop for Tri-Service military/DoD/GS behavioral health providers (to include civilian contractors) at Landstuhl, Germany on 20–21 June 2019. 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 train-

ing@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) – Ft. Bragg, NC

The CDP is offering a 2-day evidence-based workshop for tri-service military/DoD/GS behavioral health providers at Camp Lejeune, NC on 26 – 27 March 2019. The workshop is free and includes CEs.

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-Behavioral Conjoint Therapy for PTSD.

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

This 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.

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 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/>

Assessing Military Clients for Trauma and Post-Traumatic Stress Disorder (via Zoom)

The Center for Deployment Psychology (CDP) is offering this webinar on 11 June 2019 from 10 a.m. to 2 p.m. Eastern, entitled "Assessing Military Clients for Trauma and Posttraumatic Stress Disorder." Registration for the course is \$20 and comes with 4 CEs.

This workshop will review a method for screening, assessment, and treatment outcome monitoring of Posttraumatic Stress Disorder (PTSD) centered on the use of the PTSD Checklist for DSM-5 (PCL5). Participants will be introduced to VA/DOD best practices for diagnosing military-related PTSD including screening for trauma-related disorders, obtaining thorough military and trauma histories, conducting a semi-structured diagnostic interview, and using self-report measures to track treatment outcome. DSM-5 diagnostic criteria for PTSD as well as Other Unspecified Specified Trauma and/or Stressor Related Disorders are reviewed.

The link to register for this course is: <https://deploymentpsych.org/PTSD-Assessment-11-June-19>

The Summer Institute: Preparing for a Career in the Armed Forces

June 10-14, 2019 Bethesda, MD

The Center for Deployment Psychology (CDP) at the Uniformed Services University of the Health Sciences (USU) is pleased to host a five-day course for 2nd, 3rd and 4th year doctoral students in clinical or counseling psychology who are planning to apply to or seriously considering a military internship. The course, which aims to fill the gaps by preparing students for internships at military treatment facilities and enhancing their awareness of such opportunities through a focused curriculum, is appropriate for students who plan to start their internship in the fall of 2020 or later. All costs will be covered by the CDP for most attendees.

For future course dates, and application requirements, email Hakimah Campbell at hcampbell@deploymentpsych.org or check the website www.deploymentpsych.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** (Tim Hoyt: timothy.v.hoyt.civ@mail.mil), **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 (Shawwna Chee: shawwna.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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