



CDP Research Update -- October 20, 2016

What's Here:

- Combat & Operational Stress Research Quarterly (Winter 2016)
- The working alliance in treatment of military adolescents.
- Prevalence of Professional Burnout Among Military Mental Health Service Providers.
- Using the Repertory Grid Technique to Examine Trainee Clinical Psychologists' Construal of Their Personal and Professional Development.
- Enhancing CBT for Chronic Insomnia: A Randomised Clinical Trial of Additive Components of Mindfulness or Cognitive Therapy.
- Transdiagnostic group CBT for anxiety disorders: the unified protocol in mental health services.
- After a Client Death: Suicide Postvention Recommendations for Training Programs and Clinics.
- Caffeine Use among Active Duty Navy and Marine Corps Personnel.
- Expressive flexibility in combat veterans with posttraumatic stress disorder and depression.
- Medical cannabis and mental health: A guided systematic review.
- Suicide Among Military Personnel and Veterans Aged 18–35 Years by County—16 States.
- Understanding Recent Insights in Sleep and Posttraumatic Stress Disorder from a Research Domain Criteria (RDoC) Framework.
- Stellate Ganglion Block in the Treatment of Post-traumatic Stress Disorder: A Review of Historical and Recent Literature.
- The FOCUS Family Resilience Program: An Innovative Family Intervention for Trauma and Loss.

- Utilizing filial therapy with deployed military families.
- Individuals at Risk for Suicide: Mental Health Clinicians' Perspectives on Barriers to and Facilitators of Treatment Engagement.
- Links of Interest
- Resource of the Week - CDP's Summer Institute: Preparing for a Military-Focused Career

<http://www.med.navy.mil/sites/nmcsc/nccosc/publications/research-quarterly/2016/winter/research-quarterly-2016-winter.pdf>

Combat & Operational Stress Research Quarterly

Naval Center for Combat & Operational Stress Control
Volume 8, Number 1; Winter 2016

The Combat & Operational Stress Research Quarterly is a compilation of recent studies on combat and operational stress, including relevant findings on the etiology, course and treatment of posttraumatic stress disorder (PTSD).

The Research Quarterly facilitates translational research by providing busy clinicians with up-to-date findings, with the potential to guide and inform evidence-based treatment.

<https://www.ncbi.nlm.nih.gov/pubmed/26727412>

J Consult Clin Psychol. 2016 Mar;84(3):200-10. doi: 10.1037/ccp0000035. Epub 2016 Jan 4

The working alliance in treatment of military adolescents.

Owen J, Miller SD, Seidel J, Chow D

OBJECTIVE:

Although the working alliance-outcome association is well-established for adults, the working alliance has accounted for 1% of the variance in adolescent therapy outcomes.

How the working alliance unfolds in therapy and is modeled in therapy studies may substantially affect how much variance is attributed to the working alliance.

METHOD:

The sample included 2,990 military youth who were treated by 98 therapists and attended at least 8 therapy sessions. The average age was 14.91 years (SD = 1.79). Each session, clients completed the Outcome Rating Scale as a measure of psychological well-being/distress and the Session Rating Scale as a measure of working alliance. We utilized 3 models to examine the working alliance-outcome association in therapy: (a) mono-method model (i.e., 1 rating of working alliance correlated with outcomes), (b) aggregate-assessment model (i.e., multiple sessions aggregated and correlated with outcomes), and (c) change-based model (i.e., changes in working alliance scores correlated with outcomes).

RESULTS:

Findings supported the change-based model. The amount of variance explained in youth outcomes via growth in working alliance scores in the change-based model was approximately 9.8%, which suggests that a key mechanism of client-perceived change for adolescents in therapy may be the continual development of the working alliance over the course of treatment.

CONCLUSIONS:

The monitoring of and continual promotion of the working alliance among military youth in the early phases of therapy may help therapists improve treatment outcomes. (c) 2016 APA, all rights reserved).

<https://www.ncbi.nlm.nih.gov/pubmed/26567929>

Psychiatr Serv. 2016 Jan;67(1):137-40. doi: 10.1176/appi.ps.201400430. Epub 2015 Nov 16

Prevalence of Professional Burnout Among Military Mental Health Service Providers.

Kok BC, Herrell RK, Grossman SH, West JC, Wilk JE

OBJECTIVE:

Professional burnout is a well-documented occupational phenomenon, characterized by the gradual "wearing away" of an individual's physical and mental well-being, resulting

in a variety of adverse job-related outcomes. It has been suggested that burnout is more common in occupations that require close interpersonal relationships, such as mental health services.

METHODS:

This study surveyed 488 mental health clinicians working with military populations about work-related outcomes, including level of professional burnout, job satisfaction, and other work-related domains.

RESULTS:

Approximately 21% (weighted) of the sample reported elevated levels of burnout; several domains were found to be significantly associated with burnout.

CONCLUSIONS:

Education about professional burnout symptoms and early intervention are essential to ensure that providers continue to provide optimal care for service members and veterans.

<http://onlinelibrary.wiley.com/doi/10.1002/cpp.1961/abstract>

Using the Repertory Grid Technique to Examine Trainee Clinical Psychologists' Construal of Their Personal and Professional Development.

Hill, K., Wittkowski, A., Hodgkinson, E., Bell, R., and Hare, D. J.

Clinical Psychology & Psychotherapy

Volume 23, Issue 5, pages 425–437, September/October 2016

doi: 10.1002/cpp.1961

The repertory grid technique was used to explore how 26 third-year trainee clinical psychologists construed their personal and professional selves over the course of training and into the future. Each trainee completed a demographic questionnaire and a repertory grid with 10 elements: four 'personal self' elements, four 'professional self' elements and two 'qualified clinical psychologist' elements. They then rated the 10 elements on 10 bipolar constructs of their choosing. Trainees' personal and professional selves were construed to be similar to each other. Trainees had low self-esteem and reported currently feeling anxious, stressed, unsettled and lacking an appropriate work–life balance. These difficulties were attributed to the demands of training and were expected to resolve once training was completed with future selves being construed as

similar to ideal selves. Suggestions for future research with improved methodology are made, and the implications of the findings for trainees, training providers and employers of newly qualified clinical psychologists are given. The overall implication being that stress in training is normative and the profession has a duty to normalize this and ensure that self-care and personal development are recognized as core competencies of the clinical psychologist for the benefit of its members and their clients. Copyright © 2015 John Wiley & Sons, Ltd.

<http://onlinelibrary.wiley.com/doi/10.1002/cpp.1980/abstract>

Enhancing CBT for Chronic Insomnia: A Randomised Clinical Trial of Additive Components of Mindfulness or Cognitive Therapy.

Wong, M. Y., Ree, M. J., and Lee, C. W.

Clinical Psychology & Psychotherapy

Volume 23, Issue 5, pages 377–385, September/October 2016

doi: 10.1002/cpp.1980

Although cognitive behavioural therapy (CBT) for insomnia has resulted in significant reductions in symptoms, most patients are not classified as good sleepers after treatment. The present study investigated whether additional sessions of cognitive therapy (CT) or mindfulness-based therapy (MBT) could enhance CBT in 64 participants with primary insomnia. All participants were given four sessions of standard CBT as previous research had identified this number of sessions as an optimal balance between therapist guidance and patient independence. Participants were then allocated to further active treatment (four sessions of CT or MBT) or a no further treatment control. The additional treatments resulted in significant improvements beyond CBT on self-report and objective measures of sleep and were well tolerated as evidenced by no dropouts from either treatment. The effect sizes for each of these additional treatments were large and clinically significant. The mean scores on the primary outcome measure, the Insomnia Severity Index, were 5.74 for CT and 6.69 for MBT, which are within the good-sleeper range. Treatment effects were maintained at follow-up. There were no significant differences between CT and MBT on any outcome measure. These results provide encouraging data on how to enhance CBT for treatment of insomnia. Copyright © 2015 John Wiley & Sons, Ltd.

<http://www.tandfonline.com/doi/full/10.1080/16506073.2016.1227360>

Transdiagnostic group CBT for anxiety disorders: the unified protocol in mental health services.

Nina Reinholt, Ruth Aharoni, Clas Winding, Nicole Rosenberg, Bent Rosenbaum, and Sidse Arnfred

Cognitive Behaviour Therapy

Published online: 05 Oct 2016

<http://dx.doi.org/10.1080/16506073.2016.1227360>

Comorbidity among the anxiety disorders is common and may negatively impact treatment outcome. Potentially, transdiagnostic cognitive-behavioral treatments (CBT) deal more effectively with comorbidity than standard CBT. The present study tested the effectiveness of The Unified Protocol (UP) applied to Mental Health Services. Pre-post-treatment effects were examined for psychiatric outpatients with anxiety disorders receiving UP treatment in groups. Forty-seven patients (mean-age = 34.1 (SD = 9.92), 77% females) with a principal diagnosis of anxiety were included. We found significant and clinically meaningful changes in the primary outcomes Clinical Global Impression Severity Scale (CGI-S; $d = 1.36$), Hamilton Anxiety Scale (HARS; $d = .71$), and WHO-5 Well-being Index (WHO-5; $d = .54$). Also, comorbid depressive symptoms and levels of positive and negative affect changed significantly after treatment. Patients with high levels of comorbidity profited as much as patients with less comorbidity; however, these patients had higher scores after treatment due to higher symptom burden at onset. Patients with comorbid depression profited more from treatment than patients without comorbid depression. The treatment effects found in the present study correspond to treatment effects of other TCBT studies, other UP group studies, and effectiveness studies on standard CBT for outpatients. The results indicate that the UP can be successfully applied to a MHS group setting, demonstrating positive effects on anxiety and depressive symptoms for even highly comorbid cases.

<http://psycnet.apa.org/psycinfo/2016-41324-001/>

After a Client Death: Suicide Postvention Recommendations for Training Programs and Clinics.

Veilleux, Jennifer C.; Bilsky, Sarah A.

Training and Education in Professional Psychology

Aug 25, 2016

<http://dx.doi.org/10.1037/tep0000127>

Experiencing a client suicide or another form of client death is not uncommon for health service psychology trainees, or trainees in other mental health disciplines (e.g., psychiatry, counseling, social work). Yet, the majority of training programs and training clinics do not have procedures in place for managing a client death. The purpose of the current paper is to provide a set of recommendations for client death postvention procedures, focused primarily on client death by suicide. The aim is to help training programs and clinics respond appropriately to trainees in the aftermath of a client death. Our recommendations are based in a review of existing literature around therapists and trainees experiences with client suicide, and involve suggestions for notification procedures and 2 separate meetings with the trainee who served as the primary therapist for the deceased client. The first meeting involves provision of support to the trainee, with secondary goals of planning around communication of the client death to program staff and students, and additional future planning around trainee needs. The second meeting serves as a critical incident review, with administrative and educational goals around understanding the case progression to help the trainee, supervisor, clinic, and program improve client care. We provide a basic template that can be amended for specific programs and settings, and discuss the extant research support for the recommendations, as well as implications for longer term training needs. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

<http://www.mdpi.com/2072-6643/8/10/620/htm>

Caffeine Use among Active Duty Navy and Marine Corps Personnel.

Joseph J. Knapik, Daniel W. Trone, Susan McGraw, Ryan A. Steelman, Krista G. Austin and Harris R. Lieberman

Nutrients

2016, 8(10), 620

doi:10.3390/nu8100620

Data from the National Health and Nutrition Examination Survey (NHANES) indicate 89% of Americans regularly consume caffeine, but these data do not include military personnel. This cross-sectional study examined caffeine use in Navy and Marine Corps

personnel, including prevalence, amount of daily consumption, and factors associated with use. A random sample of Navy and Marine Corps personnel was contacted and asked to complete a detailed questionnaire describing their use of caffeine-containing substances, in addition to their demographic, military, and lifestyle characteristics. A total of 1708 service members (SMs) completed the questionnaire. Overall, 87% reported using caffeinated beverages ≥ 1 time/week, with caffeine users consuming a mean \pm standard error of 226 ± 5 mg/day (242 ± 7 mg/day for men, 183 ± 8 mg/day for women). The most commonly consumed caffeinated beverages (% users) were coffee (65%), colas (54%), teas (40%), and energy drinks (28%). Multivariable logistic regression modeling indicated that characteristics independently associated with caffeine use (≥ 1 time/week) included older age, white race/ethnicity, higher alcohol consumption, and participating in less resistance training. Prevalence of caffeine use in these SMs was similar to that reported in civilian investigations, but daily consumption (mg/day) was higher.

<https://www.ncbi.nlm.nih.gov/pubmed/27728871>

J Affect Disord. 2016 Sep 23;207:236-241. doi: 10.1016/j.jad.2016.09.027. [Epub ahead of print]

Expressive flexibility in combat veterans with posttraumatic stress disorder and depression.

Rodin R, Bonanno GA, Rahman N, Kouri NA, Bryant RA, Marmar CR, Brown AD.

BACKGROUND:

A growing body of evidence suggests that the ability to flexibly express and suppress emotions ("expressive flexibility") supports successful adaptation to trauma and loss. However, studies have yet to examine whether individuals that meet criteria for posttraumatic stress disorder (PTSD) or depression exhibit alterations in expressive flexibility. The present study aims to test whether lower levels of expressive flexibility are associated with PTSD and depression in combat-exposed veterans.

METHODS:

Fifty-nine combat veterans with and without PTSD completed self-report measures assessing symptoms of depression, PTSD, and combat exposure. Participants also completed an expressive flexibility task in which they were asked to either enhance or

suppress their expressions of emotion while viewing affective images on a computer screen. Expressive flexibility was assessed by both expressive enhancement ability and expressive suppression ability.

RESULTS:

Repeated measures ANOVA's showed that both PTSD and depression were associated with lower levels of emotional enhancement ability. In addition, a series of linear regressions demonstrated that lower levels of emotional enhancement ability were associated with greater symptom severity of PTSD and depression. The ability to suppress emotional responses did not differ among individuals with and without PTSD or depression.

LIMITATIONS:

of the study include a cross-sectional design, precluding causality; the lack of a non-trauma exposed group and predominantly male participants limit the generalizability to other populations.

CONCLUSIONS:

Alterations in expressive flexibility is a previously unrecognized affective mechanism associated with PTSD and depression. Clinical strategies aimed at enhancing emotional expression may aid in the treatment of these disorders. Copyright © 2016 Elsevier B.V. All rights reserved.

<http://www.sciencedirect.com/science/article/pii/S0272735816300939>

Medical cannabis and mental health: A guided systematic review.

Zach Walsh, Raul Gonzalez, Kim Crosby, Michelle Thiessen, Chris Carroll, Marcel O. Bonn-Miller

Clinical Psychology Review

Available online 12 October 2016

<http://dx.doi.org/10.1016/j.cpr.2016.10.002>

This review considers the potential influences of the use of cannabis for therapeutic purposes (CTP) on areas of interest to mental health professionals, with foci on psychological intervention and assessment. We identified 31 articles relating to CTP use and mental health, and 29 review articles on cannabis use and mental health that did not focus on use for therapeutic purposes. Results reflect the prominence of mental

health conditions among the reasons for CTP use, and the relative dearth of high-quality evidence related to CTP in this context, thereby highlighting the need for further research into the harms and benefits of medical cannabis relative to other therapeutic options. Preliminary evidence suggests that CTP may have potential for the treatment of PTSD, and as a substitute for problematic use of other substances. Extrapolation from reviews of non-therapeutic cannabis use suggests that the use of CTP may be problematic among individuals with psychotic disorders. The clinical implications of CTP use among individuals with mood disorders are unclear. With regard to assessment, evidence suggests that CTP use does not increase risk of harm to self or others. Acute cannabis intoxication and recent CTP use may result in reversible deficits with the potential to influence cognitive assessment, particularly on tests of short-term memory.

<http://www.sciencedirect.com/science/article/pii/S0749379716302057>

Suicide Among Military Personnel and Veterans Aged 18–35 Years by County—16 States.

Joseph E. Logan, Katherine A. Fowler, Nimeshkumar P. Patel, Kristin M. Holland

American Journal of Preventive Medicine

Volume 51, Issue 5, Supplement 3, November 2016, Pages S197-S208

<http://dx.doi.org/10.1016/j.amepre.2016.06.001>

Introduction

Suicide among military personnel and young Veterans remains a health concern. This study examined stateside distribution of suicides by U.S. county to help focus prevention efforts.

Methods

Using 2005–2012 National Violent Death Reporting System data from 16 states (963 counties, or county-equivalent entities), this study mapped the county-level distribution of suicides among current military and Veteran decedents aged 18–35 years. This study also compared incident circumstances of death between decedents in high-density counties (i.e., counties with the highest proportion of deaths) versus those in medium/low-density counties to better understand the precipitators of suicide in counties most affected. Last, this study identified potential military and Veteran Health Administration intervention sites. All analyses were conducted in 2015.

Results

Within the National Violent Death Reporting System participating states, an estimated 262 (33%) current military suicides occurred in just ten (1.0%) counties, and 391 (33%) Veteran suicides occurred in 33 (3.4%) counties. Mental health and intimate partner problems were common precipitating circumstances, and some circumstances differed between cases in high- versus those in medium/low-density counties. Multiple potential intervention sites were identified in high-density counties.

Conclusions

These findings suggest that military and Veteran suicides are concentrated in a small number of counties. Increased efforts at these locales might be beneficial.

<http://link.springer.com/article/10.1007/s40675-016-0056-x>

Understanding Recent Insights in Sleep and Posttraumatic Stress Disorder from a Research Domain Criteria (RDoC) Framework.

Monica R. Kelly, William D. S. Killgore, Patricia L. Haynes

Current Sleep Medicine Reports

First Online: 13 October 2016

DOI: 10.1007/s40675-016-0056-x

Posttraumatic stress disorder (PTSD) is associated with sleep disturbances, including insomnia, nightmares, sleep-disordered breathing, and REM abnormalities. Recent studies have expanded our knowledge of the neurobiology of trauma and sleep. In addition, intervention research has provided valuable information about how sleep treatments affect PTSD symptoms and how PTSD treatments affect sleep symptoms. This review of recent literature aims to move away from the categorical approach that currently dominates our conceptualization of trauma response and sleep disorders. Possible mechanisms of both trauma and sleep disturbance are posed within the framework put forth by the National Institute of Mental Health's (NIMH) Research Domain Criteria (RDoC) project. By examining domains of dysfunction that cut across disorders, RDoC may guide future research and treatment of the maladaptive neurobiological and behavioral correlates of both trauma and sleep disturbances.

<http://onlinelibrary.wiley.com/doi/10.1111/papr.12503/full>

Stellate Ganglion Block in the Treatment of Post-traumatic Stress Disorder: A Review of Historical and Recent Literature.

Summers, M. R. and Nevin, R. L.

Pain Practice

Version of Record online: 14 OCT 2016

DOI: 10.1111/papr.12503

Concerns over the rising prevalence of post-traumatic stress disorder (PTSD), particularly among military service members returning from combat, and over barriers that hinder individuals from seeking out or adhering to standard therapies have contributed to interest in alternative therapies for the disorder. A novel alternative therapy for PTSD—stellate ganglion block (SGB)—may be considered lacking in formal evidence of efficacy despite having shown considerable promise. This review of the recent and historical literature related to SGB finds evidence of substantial beneficial psychiatric effects and substantiates that this fast-acting, somatic treatment may provide positive results for patients with PTSD and may reduce barriers to therapy, particularly among military populations.

<http://onlinelibrary.wiley.com/doi/10.1111/famp.12250/full>

The FOCUS Family Resilience Program: An Innovative Family Intervention for Trauma and Loss.

William R. Saltzman

Family Process

Version of Record online: 13 OCT 2016

DOI: 10.1111/famp.12250

This article describes the core principles and components of the FOCUS Program, a brief intervention for families contending with single or multiple trauma or loss events. It has been administered nationally to thousands of military family members since 2008 and has been implemented in a wide range of civilian community, medical, clinical, and school settings. Developed by a team from the UCLA and Harvard Medical Schools, the FOCUS Program provides a structured approach for joining with traditional and

nontraditional families, crafting shared goals, and then working with parents, children, and the entire family to build communication, make meaning out of traumatic experiences, and practice specific skills that support family resilience. Through a narrative sharing process, each family member tells his or her story and constructs a timeline that graphically captures the experience and provides a platform for family discussions on points of convergence and divergence. This narrative sharing process is first done with the parents and then the children and then the family as a whole. The aim is to build perspective-taking skills and mutual understanding, to reduce distortions and misattributions, and to bridge estrangement between family members. Previous studies have confirmed that families participating in this brief program report reductions in distress and symptomatic behaviors for both parents and children and increases in child pro-social behaviors and family resilient processes.

<http://psycnet.apa.org/journals/pla/25/4/210/>

Utilizing filial therapy with deployed military families.

Hicks, Janet Froeschle; Lenard, Natalie; Brendle, Janna

International Journal of Play Therapy
Vol 25(4), Oct 2016, 210-216
<http://dx.doi.org/10.1037/pla0000032>

Current research focuses primarily on the impact of military deployment on soldiers, without taking into account the soldier's family. As a result, many children, partners, and family members struggle with deployment-related changes in the family structure, yet have few resources. Filial therapy offers a unique strategy for assisting the entire family system. This article discusses problems experienced by families and their children 2 to 10 years of age when faced with military deployment, describes filial therapy as a strategy, and offers a case study to aid counselors in the implementation of strategies. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

<http://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000427?journalCode=cri>

Individuals at Risk for Suicide: Mental Health Clinicians' Perspectives on Barriers to and Facilitators of Treatment Engagement.

Dana Alonzo, Claire Moravec, and Benjamin Kaufman

Crisis

Published online October 12, 2016

DOI: <http://dx.doi.org/10.1027/0227-5910/a000427>

Background:

Individuals experiencing suicidal ideation and/or behaviors are often difficult to engage in treatment. Up to 50% of individuals presenting to an ER for treatment of a suicidal crisis refuse outpatient treatment referrals. This study examined outpatient mental health clinicians' perceptions of the barriers to and facilitators of mental health treatment engagement of individuals at risk for suicide.

Method:

Thirty-six mental health clinicians working with clients with past and/or current suicidality (ideation, behaviors) in outpatient mental health centers participated in four focus groups. Data were collected using semistructured interview. A process of content analysis was utilized in which data were analyzed thematically.

Results:

Five main domains of barriers and facilitators emerged including (a) client-level, (b) clinician-level, (c) service-level, (d) agency-level, and (e) intervention-level variables. In all, 38 barriers and 31 facilitators were identified. The most frequently identified facilitator was the clinician's own sense of engagement with the client, identified by 31% of the clinicians. The most frequently identified barrier was housing instability, identified by 34% of the clinicians.

Conclusion:

Knowledge of clinicians' perspective on treatment engagement of clients at risk for suicide may inform the development and implementation of interventions and guide training/supervision programs for those working with this vulnerable population.

Links of Interest

18 months after surveying airmen's morale, no sign of results

<https://www.airforcetimes.com/articles/climate-survey-results-not-released>

What's really going on in PTSD brains? Experts suggest new theory

<https://www.sciencedaily.com/releases/2016/10/161007123407.htm>

Understanding the delayed response to antidepressants

<https://www.sciencedaily.com/releases/2016/10/161011161914.htm>

Air Force releases guidance on transgender airmen

<https://www.airforcetimes.com/articles/air-force-releases-guidance-on-transgender-airmen>

Two Highly Effective Drug Free Treatment Options For Anxiety

<http://www.forbes.com/sites/jeenacho/2016/10/16/two-highly-effective-drug-free-treatment-options-for-anxiety/>

More Women Veterans Living on the Streets, Including in Milwaukee

<http://wuum.com/post/more-women-veterans-living-streets-including-milwaukee>

How Gaps In Mental Health Care Play Out In Emergency Rooms

<http://www.npr.org/sections/health-shots/2016/10/17/498270772/how-gaps-in-mental-health-care-play-out-in-emergency-rooms>

Depression's physical source discovered: Research suggests potential for new treatments

<https://www.sciencedaily.com/releases/2016/10/161018094125.htm>

Does weed help you sleep? Probably not

<https://www.sciencedaily.com/releases/2016/10/161017155004.htm>

Resource of the Week - [CDP's Summer Institute: Preparing for a Military-Focused Career](#)

To raise awareness of military psychology careers and increase students' competitiveness for military internships, the Center for Deployment Psychology (CDP) at the Uniformed Services University of the Health Sciences (USU) will host its third iteration of The Summer Institute: Preparing for a Military-Focused Career, June 19-23, 2017. Based on overwhelmingly positive feedback from the past iterations, the CDP is pleased to offer this unique educational opportunity once again.

The Summer Institute is a five-day course for third- or fourth- year doctoral students in clinical or counseling psychology who anticipate applying for a

military internship in 2017 or 2018. This intensive program will strengthen trainees' backgrounds in military behavioral health in preparation for an internship and career serving the military population. Students will gain firsthand knowledge of military culture, the work of military psychologists, and evidence-based strategies to treat military members.

Applications are now being accepted if you meet these requirements:

1. Enrolled in a doctoral program in clinical or counseling psychology
2. A third- or fourth-year doctoral student
3. Applying for an internship in 2017 or 2018
4. A U.S. citizen
5. Enrolled in an APA accredited doctoral program

LEARN NOW TRAINING DISORDERS TREATMENTS RESOURCES MILITARY CULTURE ABOUT CDP

Home > The Summer Institute: Preparing for a Military-Focused Career

The Summer Institute: Preparing for a Military-Focused Career



"This was an incredible experience! I came with the primary goal of learning whether military psychology (vs. work in a VA) is for me, and I feel very confident and comfortable in having made the decision to apply to military internship sites. The course content was extremely helpful in increasing understanding of the military culture, but also clinical practice with this population."

"I am so thankful for this opportunity! This was one of the best events of my academic career. This institute was so professional and inspiring. I was excited to go active duty before the institute and now I can't wait. The aspect that surprised me the most was the fact that the instructors seemed to convey a personal interest in our success."

Shirl Kennedy
Research Editor
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
240-535-3901