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STRENGTHENING THE FORCE: THE MILITARY PSYCHOLOGIST

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AIM

1. The Canadian Armed Forces (CAF) is committed to improving the mental health (MH) of its members and continually seeks ways to build resilience and to strengthen personnel. In support of this goal, the aim of this service paper is to demonstrate the need for a new military occupation: Military Psychologist.

INTRODUCTION

2. CAF suicide rates increased steadily from 2004-2016. 2017 and 2018 have seen a notable reprieve.¹ Still, over 21,800 CAF veterans receive disability benefits for psychiatric disability, of which 15,232 are diagnosed with post-traumatic stress disorder (PTSD).² The Surgeon General's Mental Health Strategy provides direction for improved education and enhanced services, which will lead to greater awareness, lessened stigma, and greater accessibility.³ Canada's Defense Policy, *Strong, Secure, Engaged* (SSE), commits to improving care for personnel suffering from critical stress response injuries, enhancing treatment of operational stress injuries and bettering the general health and resilience of CAF members. Also, SSE promises to: augment the CAF Health System with efficient and effective care in Canada and overseas; grow the Medical

¹ Canada. Department of National Defence "Suicide and Suicide Prevention in the Canadian Armed Forces," last modified 28 June 2018, https://www.canada.ca/en/department-national-defence/news/2017/05/suicide_and_suicidepreventioninthecanadianarmedforces.html#tablea.

² Canada. Veterans Affairs Canada "8.0 Mental Health," last modified 8 August 2018, <http://www.veterans.gc.ca/eng/about-us/statistics/8-0>.

³ Canada. Department of National Defence "Unique Opportunities Within the CAF Mental Health System," last modified 3 January 2017, <http://www.forces.gc.ca/en/about-reports-pubs-health/surg-gen-mental-health-strategy-ch-4.page>.

Services Branch; initiate a joint National Defence and Veterans Affairs Suicide Prevention Strategy to include additional MH professionals; and remove barriers to MH care.⁴

3. This paper aims to support CAF interests and SSE. To this effect, it will first examine the role of psychologists within the CAF MH system and consider allied countries' employment of uniformed psychologists. The papers will then assess the benefits of adopting uniformed psychologists in the CAF, suggest a method to implement the occupation and conclude with recommended action.

DISCUSSION

CAF Mental Health Services

4. CAF Mental Health Services are divided into two areas: Psychosocial Services and Mental Health Programs. Psychosocial services are brief interventions and distinguished from psychotherapy services. The Psychosocial Program is self-referred and available at all CAF medical clinics.⁵ The program is delivered by social workers (SW), both uniformed and civilian, civilian MH nurses and civilian addiction counselors.

5. Mental Health Programs are specialized, secondary level MH services that include psychotherapy. Larger bases normally offer a General Mental Health Program that involves psychiatrists, psychologists, SWs, MH nurses, addictions counselors and Health Services Chaplains. It is not possible to self-refer to Mental Health Programs; due to limited resources, a physician referral is required to access these specialized services.⁶ Of the MH professionals, SWs and Health Services chaplains are currently the only uniformed CAF members.

⁴ Canada. Department of National Defence. *Canada's Defence Policy Strong, Secure, Engaged*. 2017, 26.

⁵ Canada. Department of National Defence Directorate of Health Services, Canadian Forces Health Services. *Mental Health Orientation Guide*, 42.

⁶ *Ibid*, 42.

6. SWs and Health Services chaplains are critical to the MH care team. Chaplains are trained religious and spiritual caregivers, and according to the Canadian Association of Social Workers, SWs “help individuals, families, groups and communities to enhance their individual and collective well-being... [and] help people develop their skills and their ability to use their own resources and those of the community to resolve problems.”⁷ Psychologists, on the other hand, are uniquely qualified to conduct cognitive testing, to then assess, diagnose and treat disorders in thinking, feeling and behaviour.⁸ Studies of psychological treatment of PTSD indicate best results from prolonged exposure therapy, trauma-focused cognitive behavioural therapy, and eye movement desensitization and reprocessing, most commonly administered by a clinical psychologist.⁹ Whereas CAF SWs often take a reactive role in MH, psychologists can take a more proactive role both in MH and in many other areas in which they research, educate and practice, such as cognition (learning, problem solving), workplace psychology (leadership, motivation, recruiting, retention), and human performance (performance enhancement, resiliency).¹⁰

Uniformed Psychologists

7. There is a historical relationship between psychology and the military. In 1917, Robert Yerkes, president of the American Psychological Association (APA) was commissioned as a United States Army Major, becoming the first uniformed psychologist. He commissioned 16 Lieutenant psychologists to screen applicants to the Army. By 1918, psychology companies (Psych Coys) were selecting aviation personnel, conducting forensics and clinical consultations,

⁷ Canadian Association of Social Workers. “What is Social Work?” Last accessed 9 October 2018, <https://www.casw-acts.ca/en>.

⁸ Canadian Psychological Association. “What is a Psychologist?” Last accessed 9 October 2017, <https://www.cpa.ca>.

⁹ John Hunsley, Katherine Elliott and Zoé Therrien. School of Psychology, University of Ottawa. “The Efficacy and Effectiveness of Psychological Treatments” 2013, 17-18

¹⁰ Canadian Psychological Association. “What do Psychologists Do?” Last accessed 9 October 2017, <https://www.cpa.ca>.

addressing issues in training and morale, and developing approaches to Forward Psychiatry and strategies for combat stress interventions.¹¹

8. Today, many countries' Armed Forces employ uniformed psychologists: the United-States, Australia, United-Kingdom, Germany, Israel and Russia, to name a few. Their uniformed psychologists have numerous clinical and non-clinical roles while their psychological branches vary in scope of responsibility. As a peer of similar population, culture, and size of military, Australia's Mental Health Directorate, specifically the Australian Army Psychology Corps (AA Psych Corps), is considered.

9. The AA Psych Corps employs 65 uniformed Psychologists (officers) and 55 technically trained Psychological Examiners (NCMs), providing support in garrison and on deployment.¹² Psychologists are nationally qualified and registered; their roles include individual psychological assessments, specialist selection assessments, clinical assessment and intervention, specialist training support, critical incident MH support, occupational analysis and provision of support to deployed troops.¹³ Psychological Examiners work under the supervision of a psychologist conducting screening, test administration, psycho-educational presentations, research tasks, records management, and psychological practice management in military units. Deployed, Psychological Examiners provide psychological first aid, brief MH interventions and care for psychological casualties.¹⁴ The AA Psych Corps has provided deployed support to troops in

¹¹ Bret Moore and Jeffery Barnett. *Military Psychologists' Desk Reference* Oxford: Oxford University Press. 2013, 8.

¹² Australia. Department of Defence. Defence Jobs. "Psychologist," last accessed 10 October 2018 <https://www.defencejobs.gov.au/jobs/Army/psychologist>.

¹³ Ibid.

¹⁴ Peter Murphy, Stephanie Hodson, Geoff Gallas. "Defence psychology: A diverse and pragmatic role in support of the nation," *InPsych* 32, no. 2, 2010. <https://www.psychology.org.au/publications/inpsych/2010/april/murphy>.

Vietnam, Somalia, Rwanda, Bougainville, East Timor, Diego Garcia, Kyrgyzstan, Afghanistan, Solomon Islands, the Middle East Area of Operations and Sumatra.¹⁵

The Uniform: Key to Integration

10. With the support of CAF SWs and Chaplains, civilian psychologists fulfill the roles that our counterparts' uniformed psychologists do. While addressing MH and performance enhancement, they improve CAF organizational effectiveness through training, culture change, and recruitment and retention initiatives; all of these topics feature prominently in SSE.¹⁶ In each of these roles, a distinct advantage to having uniformed psychologists, compared to their civilian counterparts, is the uniformed psychologist's ability to integrate with the force. Their experience in garrison and, more significantly, on exercise and on operation affords them an accurate appreciation of the military's professional requirements and unique situations, strengthening their understanding of the institution, the people, and their needs. Many other advantages such as shared culture, common language and similar professional and personal experiences are beneficial consequences of their integration. Captain Duncan Precious has worked as United Kingdom (UK) Ministry of Defence (MOD) civilian trainee clinical psychologist and as a UK Army uniformed clinical psychologist. His roles range from the development of mental resilience training to in-patient services. He states, "I feel that being in uniform has given me greater insight into the military mind-set, culture and identity and has enhanced my clinical work considerably."¹⁷

Improving Resilience, Operations and Post-deployment

¹⁵ Australia. Department of Defence. "1st Psychology Unit," last accessed 10 October 2018. <https://www.army.gov.au/our-people/units/forces-command/17th-combat-service-support-brigade/1st-psychology-unit>.

¹⁶ Canada. Department of National Defence. *Canada's Defence Policy*... 12, 23, 27.

¹⁷ The British Psychological Society. "A uniformed clinical psychologist in the British Army." *The Psychologist* 1 no. 28. 2015, 60-61 <https://thepsychologist.bps.org.uk/volume-28/january-2015/uniformed-clinical-psychologist-british-army>.

11. *Resilience.* In a 2015 interview, General Jon Vance explains, “The term military resilience applies to everyone, at all levels of warfare where one has to have the personal capacity to face the most extreme circumstances ... and be able to continue.”¹⁸ The Road to Mental Readiness (R2MR) training package encompasses career-long and pre-deployment training to improve resilience. It is delivered by an operationally experienced senior NCO in collaboration with “an experienced mental health clinician – ideally sourced from the area responsible for generating the task force.”¹⁹ The effectiveness of the development and delivery of this training could be improved if the MH clinicians were uniformed psychologists with first-hand knowledge of the challenges faced by CAF members. Further, CAF members may be more receptive to training that is conceived and delivered by professionals they perceive and believe to be credible and empathetic due to their integration.

12. *Operations.* When considering the work of Israeli uniformed field psychologists in military units before, during, and after the Yom Kippur War, psychological researchers Greenbaum, Rogovsky, and Shalit posit that important factors for the improvement of unit functioning and the promotion of soldier well-being in theater are: reliable feedback on the state of the unit to its officers, psychologist intervention in crisis-related stress situations, and advice to officers on handling morale, anxiety, and interpersonal issues.²⁰ Although civilian psychologists were deployed to Afghanistan with Canadian MH teams, Canadian civilian psychologists do not normally participate in exercises and operations. Thus, they cannot fulfill the role of effective, fully-integrated psychologists as recommended by Greenbaum et al.

¹⁸ Canada. Department of National Defence. “Road to Mental Readiness (R2MR),” last modified 13 August 2015. <http://www.forces.gc.ca/en/caf-community-health-services-r2mr/index.page>.

¹⁹ Ibid.

²⁰ Charles Greenbaum, Itamar Rogovsky, and Benjamin Shalit. *The Military Psychologist During Wartime: A Model Based on Action Research and Crisis Intervention*. The Journal of Applied Behavioral Science Vol 13, Issue 1, 1977, doi.org/10.1177%2F002188637701300102.

Further, the 2014 comparative analysis of NATO and ISAF deployment-related MH support in Afghanistan reported common bottlenecks in MH practices, chief among them the mental illness stigma and availability of deployed MH professionals.²¹ MH professionals who are fully integrated in theater could at once lessen the stigma around mental illness and increase the availability of MH professionals. Integrating uniformed CAF psychologists in theater would ensure that specialized help is available, while providing Canadian psychologists the necessary understanding of operations, experience in the field, and culture sensitivity to deliver the highest standard of care both in theater and for the remainder of their career. This applies not only to major combat deployments but also to CAF missions such as shipborne operations, domestic or deployed Air Task Forces and Regular or Reserve Force land exercises. According to the 1 Canadian Air Division Surgeon, Lieutenant-Colonel Richard Hannah, “some [civilian psychologists] don't really understand the military culture and can have a biased opinion because the only military members they know are all dealing with difficult psychological problems.”²²

13. *Post-deployment.* A MH post-deployment follow-up is conducted at three months and six months post-deployment. Outside the mandated follow-up, low utilization of MH care by CAF members has been noted. The 2008 Health and Lifestyle Inventory Survey identifies the following barriers to CAF members' care: preference to manage issues themselves, fear of long term consequences on their career, fear of stigma, being too busy, belief treatment wouldn't help, and fear the care was not confidential.²³ Integration of MH professionals post-deployment would help strike barriers by projecting the chain of command's acceptance of MH care while

²¹ Eric Vermetten, Neil Greenberg, Manon A. Boeschoten, Roos Delahaije, Rakesh Jetly, Carl A. Castro & Alexander C. McFarlane. “Deployment-related mental health support: comparative analysis of NATO and allied ISAF partners,” *European Journal of Psychotraumatology* 5, no.1, 2014. doi:10.3402/ejpt.v5.23732.

²² Lieutenant-Colonel Richard Hannah, email to author, 9 October 2018.

²³ Canada. National Defence and Canadian Armed Forces. “Barriers to Care,” last modified 16 May 2018. <http://www.forces.gc.ca/en/caf-community-health-services-r2mr-career/barriers-to-care>.

increasing availability, resulting in decreased stigma and encouraging members to seek assistance. Further, members' experiences with uniformed psychologists may be richer and more fulfilling than those with their civilian counterparts. Russian military psychologist Dr. Igor Soloviev calls attention to two specific challenges for psychologists when working with soldiers suffering from operational stress injuries: the soldier's transposition of war violence to society and society's non-recognition of the accomplished duty. In both cases, the psychologist's ability to understand the soldier's environment and empathize with his situation is critical to the manner in which the psychologist interacts with the soldier. Dr. Soloviev touts the benefits of having embedded psychologists for timely debriefing after a critical stress incident, and laments civilian psychologists' inherent disassociation with the fighting soldier's psyche; "I once conducted a psychological rehabilitation methodologies seminar with civilian colleagues. And at some point, I began to feel that they simply do not understand what a person feels."²⁴

Implementation

14. Despite the advantages of uniformed military psychologists, implementation remains a challenge due to CAF establishment constraints. Solutions exist to overcome these challenges. First, a number of SW positions should be exchanged for more flexible Psychologist positions, with roles ranging from tactical MH to strategic retention policies. Second, many psychologist roles are ideally suited for the Reserve Force, which is scheduled to grow by 1,500 positions.²⁵ Finally, SSE commits to growing the Medical Services Branch by 200 personnel; a number of these positions should be dedicated to uniformed psychologists.

²⁴ Elisabeth Sieca-Kozlowski "Interview with Igor V. Soloviev, former military psychologist, conducted in Moscow, in October 2011." *The Journal of Power Institutions in Post-Soviet Societies* 14, no.15. 2013, <https://journals.openedition.org/pipss/3814>.

²⁵Canada. Department of National Defence. *Canada's Defence Policy...* 26.

15. Within the CAF lies a valuable untapped resource. For decades, the Royal Military College of Canada has offered a Bachelor's degree in Psychology. Dozens of CAF officers with operational experience would therefore be eligible to compete for a position in the Psychological Officer Training Plan (POTP). The POTP would see successful applicants complete a Master's Degree in Clinical Psychology at an accredited Canadian university, followed by a CAF internship and employment as a Military Psychologist. The POTP would offer an attractive option for retention of officers searching for further fulfilling employment opportunities, while capitalizing on their valuable experiences and deep understanding of military culture: cornerstones of their effectiveness as Military Psychologists and critical to breaking down barriers to effective MH care. The POTP would also offer an attractive, funded educational opportunity for civilians with the appropriate undergraduate degree. Options for Direct Entry Officers and Reserve Force positions also exist. Competitive pay scales, terms of service and the optimum number of Military Psychologist positions must be determined.

CONCLUSION

16. The CAF continually seeks ways to build resilience and to strengthen personnel. SSE commits to improving care for personnel suffering from critical stress response injuries, enhancing treatment of operational stress injuries and bettering the general health and resilience of CAF members. SSE also promises to augment the CAF Health System in Canada and overseas, while growing the Medical Services Branch and initiating a joint National Defence and Veterans Affairs Suicide Prevention Strategy, to include additional MH professionals. Finally, SSE commits to removing barriers to MH care. By fully integrating uniformed Military Psychologists into CAF units at home and abroad, each of these SSE commitments will be fulfilled while creating recruiting and retention opportunities.

RECOMMENDATION

17. It has been shown that uniformed, integrated psychologists could be a key part of the SSE commitment to MH care. Resultantly, the following steps should be taken: conduct establishment and task analyses, including consideration for a total force concept; develop a funding model; perform an evidence-based comparative effectiveness analysis of MH services with peer nations; and establish a Military Psychologist occupation.

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