The "New Jersey Psychologists Care" Program: Statewide Support for Desert Shield/Storm Families

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This paper presents the development and implementation of the community-based psychological outreach program developed in New Jersey during Desert Shield/Storm.

Historical Background

The military family in the United States had its beginnings during this country's Revolutionary war in the 1770s. The wives and family members, or "camp followers" as they were aptly called, were left essentially to themselves as they followed their soldiers from camp to camp. During the Revolutionary War, a soldier's ration could barely feed one individual, much less a wife and a family. There were no special provisions made for the campfollowers during the harsh winter months of the war. Wives and children did what they could to survive, such as selling handmade wares like candles and blankets. These early American military families received little, if any, recognition or support and were often referred to as additional "baggage."[1]

Little changed for military families until World War II. The number of dependents increased dramatically as thousands of civilians were drafted into military service. Soon over 50% of United States soldiers were married and the US military was forced to give up its old stance of "if we had wanted you to have a family, we would have issued you one."

In more recent years, the military has recognized that there is fierce competition with the civilian sector for highly skilled personnel, and it has tried to retain these qualified soldiers by attempting to provide for and improve the well-being of military families. Former United States Chief of Staff General E.C. Meyer stated that "we recruit soldiers, but we retain families."

The United States Army clearly expressed this commitment to Army families in the 1983 Army White Paper.[2] General Robert Elton further emphasized the Army's new philosophy towards Army families when he stated that "It is inconceiveable to think about the total force without thinking about Army families ... success depends on how we strengthen traditional ties and develop new stronger bonds between the Army and its family members ... we have a moral and institutional obligation to address the physical, spiritual, and intellectual needs of all family members."[2]

To accomplish these goals, the problems of Army families have been further investigated and addressed by Army psychologists and other mental health professionals in an attempt to promote family psychological well-being and to strengthen the Army-Family partnership. The massive deployment associated with Operation Desert Shield/Storm offered a challenge for Army mental health clinicians to assist in the deployment of these troops, to carry on regular clinic missions and in addition, despite limited personnel resources, to ensure that military families also receive quality mental health services.

The "New Jersey Psychologists Care" Program

In order to meet family needs during Desert Shield/Storm, traditional Army family programs such as family support groups were offered by Army Community Services and/or the Community Mental Health Services at both Ft Dix and Ft Monmouth, New Jersey. Many deploying Army National Guard and Army Reserve units also quickly instituted monthly or bimonthly family meetings developed by their family program coordinators to serve as a source of support and information for their families. Although these established programs met some of the families' needs, the increasing demand for mental health services to support deploying active duty units quickly exceeded the resources available.

In addition, as increasing numbers of troops deployed during Operation Desert Shield, the Community Mental Health Service at Ft Dix was bombarded with phone calls from throughout the state requesting speakers, educators and therapists to assist school systems to meet the needs not only of military children, but also of civilian children who were displaying symptomatology related to the upcoming war. Civilian professionals from neighboring hospitals also looked to the Ft Dix Community Mental Health Service for information and referrals, since Ft Dix had the military mental health professionals in the area.

National Guard and Reserve families lived, for the most part, far from Ft Dix and Ft Monmouth, and they were sometimes reluctant to travel extensively to receive services. Many family members did attend support groups organized by their unit and found these very helpful. Group leaders, who were often spouses themselves, sometimes needed additional professional assistance to effectively deal with the more serious problems some families presented with.

Dr Carol Funk, a psychologist in private practice in New Brunswick, New Jersey, recognized the increasing demand for quality family services and took the initiative to assist the active duty military mental health professionals in meeting these needs statewide. Under her leadership, a task force was formulated. The New Jersey Psychologists Care Task Force (NJP-Care) consisted of Army psychologists from the Active, Reserve and National Guard components. The

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individuals on this task force were: Dr. Carol Funk (Chairman); Capt Tamara Knapp, Chief, Ft Dix Community Mental Health Service (active duty representative); Lt Col Joan Kakascik (National Guard representative, HHC STARC); and Lt Col Charles Daley (Reserve representative, 78th Division [TNG]). In addition, Dr. Funk enlisted the support of Neil Massoth PhD, President of the New Jersey Psychological Association.

New Jersey was the first state that implemented a statewide psychological outreach program for military families. Through the coordinated efforts of the NJP-Care Task Force and the New Jersey Psychological Association, over 200 New Jersey psychologists voluntered to participate in this program. These psychologists each committed one hour per week of their professional time, free of charge, to either a military family in need of psychological services or to provide psychological education to school systems, community groups or hospitals throughout the state.

The New Jersey Psychological Association provided free secretarial services to assist with mailing materials, as well as coordinating psychological care. The phone number for the Association was publicized in newspapers throughout the state, and individuals seeking therapy could confidentially call the Association to request services. The secretary assigned to the NJP-Care program asked each caller which geographical location they were from and if they were in need of any specialized services (individual, child or family). The callers were matched with the therapists nearest their geographical location who met their specialized needs, and were then provided with the phone number of the therapist.

In order to ensure that the civilian psychologists were familiar with both the therapeutic issues commonly presented by military families during separations and the scope of other military family programs, staff from the Ft Dix Community Mental Health Service coordinated a full day Military Family Training Symposium on Feb 3, 1991. This symposium consisted of presentations made by representatives from the National Guard and Reserve components, Army Community Services, ADAPSE, Social Work Service and CHAMPUS. In addition, a panel of family members of servicemembers who were in the Persian Gulf shared their thoughts, feelings and fears with the professionals in a question-and-answer session. Dr. Peter Klugman, a retired Army Psychologist and moderator of this session, used this discussion to vividly highlight some of the most essential therapeutic needs of Army families.

Over 300 psychologists attended the Military Family Symposium. Other New Jersey mental health professionals, including social workers, marriage and family therapists and psychiatrists, also attended the workshop and expressed a desire to assist in further community support if needed.

In April 1991, another Military Family Symposium was coordinated and presented at the spring meeting of the New Jersey Psychological Association in Newark. While the earlier symposium presented the therapeutic issues related to separation, this symposium dealt with the stress of reunion for military families. Psychologist volunteers agreed to continue to provide services to military families until at least six months after the remaining troops had returned home to further ease reunion stress.

The success of the NJP-Care program also stimulated other active duty professionals to enlist community support. Army social workers Capt Mary Ann Pirro, Capt Peter Hogan and Lt Martin da Cunha, also from Ft Dix, coordinated a similar program with The National Association of Social Workers (NASW) in April 1991. Instead of providing psychological outreach, this program was organized to assist in the provision of concrete services such as food, child care and additional housing assistance.

The NJP-Care program, under Dr. Carol Funk's continued leadership, is being permanently expanded to include a network of psychologists who will continue to donate their services to others in need in New Jersey. These include services to the homeless, AIDS patients and other individuals exposed to frequent trauma such as firemen and emergency care personnel. This is the first professional *pro bono* psychological outreach program in the country.

SUMMARY

Thankfully, Operation Desert Storm ended rapidly and with few casualties; however, the deployment of troops and subsequent war, despite its brevity, impacted on thousands. In New Jersey, soldier's nuclear families, extended families including parents, grandparents, siblings, aunts and uncles, and friends attended support groups throughout the state or received individual therapy through the NJP-Care program. Civilian children and their families and teachers were also affected by the Persian Gulf War and were provided with professional guidance and assistance.

Although it is not the mission of the military to provide services for all of these individuals, the New Jersey Program is one example of how we can use military expertise to coordinate outreach programs with civilian professional counterparts to benefit the entire community, military and civilian alike.

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