

**Training Paraprofessional “Mental Hygienists” to
Help At-Risk Soldiers and Families**

A Project Proposal Submitted by:

John D. Cerio, Ph.D.
and
Robert K. Bitting, Ph.D., L.M.H.C.

October 2011

John D. Cerio, Ph.D.
fcerio@alfred.edu
(607) 871-2659

Robert K. Bitting, Ph.D., L.M.H.C.
bitting@alfred.edu
(607) 382-8383
www.robertbitting.com

Purpose

We are proposing a secondary prevention program comprised of two components: 1) training of military personnel as peer paraprofessional counselors - “mental hygienists” - to identify and understand the stressors and conditions that service members and their families face; and 2) training of civilian personnel who provide counseling services to military family members in specific approaches to help military spouses and children cope with the stressors described above.

Our idea is that mental hygienists will serve functions analogous to resident assistants or mental health medics, meeting regularly with individual serviceman to assess their mental health functioning, and also being available to individuals in their assigned caseload who are seeking help for stress-related mental health issues. We will provide these paraprofessional mental hygienists with the necessary skills to provide early and ongoing prevention and intervention information and direct assistance to at-risk soldiers and their families. We will focus our training on the major challenges facing military families, including ameliorating the emotional effects of multiple deployments, PTSD, suicide risk, family violence, and grief and loss. We will use several different intervention techniques, including family systems therapy, cognitive-behavior therapy, and solution-focused brief therapy. The emphasis will be on providing practical approaches to helping military families and coordinating services with other Army mental health professionals.

Training for civilian personnel would target counseling professionals who have substantial contact with military families: school counselors, school psychologists, school social workers, and professionals working for mental health and social service agencies. The training would focus on child counseling approaches, such as play therapy, and family intervention approaches, such as strategic therapy and parent education.

Background

Suicides among soldiers in 2009 rose for the fifth year in a row, reaching the highest level in nearly three decades. Army officials say the stress of long deployments to war zones plays a role in the increase. The suicide count, which includes soldiers in the Army Reserve and the National Guard, is expected to grow. One response to the alarming increase in suicide rates is the partnership between NIMH and the U.S. Army to conduct the Army Study to Assess Risk and Resilience in Service Members (Army STARRS), an epidemiologic study of mental health, psychological resilience, suicide risk, suicide-related behaviors, and suicide deaths in the U.S. Army. Army STARRS is one of a series of efforts by the Army aimed at reducing the rate of suicide among its soldiers.

According to NIMH, suicide rates in the Army were declining between 1994 and 2001, but have risen steadily in recent years to where the rate is now higher than the age- and sex-adjusted rate for the general population. (Historically, the suicide rate has been lower in the military than among civilians.) The Army reported that in 2008, the rate was

the highest since the Army began keeping records in 1980 (143 soldiers died by suicide in 2008).

The Army STARRS project is addressing a wide spectrum of both risk and protective factors – those that are already known to have an impact on suicide risk and mental health and many that are suspected of contributing to mental health, mental illness, and self-harm. Factors that Army STARRS is considering include:

- Stress of all kinds, past and present (e.g., problems with relationships, legal and economic difficulties, family illness).
- Deployments, exposure to combat and trauma, unit cohesion and morale, injuries, and bereavement.
- Exposure to trauma outside of deployment.
- Strategies for coping with stress and adversity.
- Family and personal history (e.g., level of family stability, history of childhood adversity, mental illness, drug or alcohol abuse).
- Personality traits and temperament (e.g., degree of impulsiveness, aggressiveness, hopelessness).
- Demographic characteristics (e.g., sex, age, ethnicity, educational level).
- Social connections and social support.
- Access to lethal means such as firearms.

The proposed training will complement efforts already in place, including the Army STARRS project.

In addition to suicide risk for returning servicemen, deployment of military personnel overseas is always a stressful situation for servicemen's families that are left behind. The absence of one parent can be disruptive to a family's stability, increasing the overall stress level of the remaining parent and interfering with the children's sense of emotional security. The "custodial" parent now needs to function as a single parent, with the entire responsibility of the household falling on her or his shoulders.

Under normal circumstances, this situation can be overwhelming. However in times of international crisis, when the service parent is deployed to a dangerous region of the world, the stress and disruption increases exponentially. The parent and children who are left behind not only have to function without the service parent, but they are left wondering whether or not they will ever see their mom or dad again. Thus, the feelings of anxiety, depression, and helplessness also increase in severity, and the parent left behind must, in addition to the usual single parent duties, try to help his or her children cope with the uncertainty of the situation.

Objectives

1) To train selected civilian personnel with the techniques and resources to identify at-risk military personnel and provide appropriate and on-going support as "mental hygienists".

2) To provide military mental health personnel with resources for aiding military families that have a parent deployed to a combat zone.

3) To provide military mental health personnel, including paraprofessionals, and counseling professionals of public schools that enroll children from military bases with training in play therapy and family intervention skills to be used in services provided to families of deployed personnel.

Summary

In summary, this training program would target protective factors that are known to ameliorate stress and reduce suicide potential, by formalizing social support and mental health treatment accessibility. We propose to accomplish the former by providing civilian personnel with additional resources for working with military families. We propose to accomplish the latter by embedding a peer paraprofessional, the mental hygienist, in different organizational units to serve as the initial support and contact for serviceman who will be trained to recognize risk factors and help facilitate link individuals to mental health services.

Contact Information:

John D. Cerio, Ph.D.
fcerio@alfred.edu
(607) 871-2659

Robert K. Bitting, Ph.D., L.M.H.C.
bitting@alfred.edu
(607) 382-8383
www.robertbitting.com

Dr. Cerio and Dr. Bitting each have more than 25 years of experience in the counseling field, including school, mental health, military, and higher education settings, and with child and family services. They also have substantial experience as faculty and administrators in counselor training programs, and have worked closely with domestic violence victims and offenders, and with grief and loss issues.