

July 2012

If you registered previously at the MFCC site, we now have our own Web site. Please register there:

Alliance Web Site - Register NOW at the link below: Alliance Web site link - http://www.ecu.edu/che/alliance/

Alliance Mission Statement:

The Alliance seeks to optimize the preparedness of behavioral health providers working to enhance the resilience, recovery and reintegration of Service members, Veterans, and their Family members and communities throughout the military, post-military, and family life cycles.

Membership:

Membership in the Alliance is open to family behavioral health providers, educators and others seeking to advance the mission of the Alliance. Membership requires signing on to registration link and taking the initial survey.

Member Opportunities:

Participation as a Member of the Alliance offers the following, specific opportunities:

- Access to relevant resources, e.g., Alliance Resource Guides;
- Contribution of information and resources for dissemination by the Alliance;
- Subject matter expertise for panels, summits, and educational and training activities;
- Submission of practice exemplars for consideration and publication on the Alliance web site;
- Participation in designated discussions/meetings;
- Participation in continuing education activities; and
- Submission of contributions for the monthly Newsletter

Do you have information for the August 2012 Newsletter? Please send it to CDR Brenda Gearhart at:

Brenda.L.Gearhart@amedd.army.mil NLT July 25, 2012.

New Resources for Military and Veteran Families

From Department of Veterans Affairs

Please see the Make the Connection Website! http://maketheconnection.net/

Make the Connection is a public awareness campaign by the U.S. Department of Veterans Affairs (VA) that provides personal testimonials and resources to help Veterans discover ways to improve their lives. Many of our Nation's Veterans—from those who served in World War II to those involved in current conflicts—return not only with physical wounds but also mental health issues they may not recognize.

The *Make the Connection* campaign encourages Veterans and their families to "make the connection"— with information and resources, with the strength and resilience of Veterans like themselves, with other people, and with available sources of support including mental health treatments.

Central to this campaign is *MakeTheConnection.net*, a one-stop resource where Veterans and their families and friends can privately explore information about physical and mental health symptoms, challenging life events, and mental health conditions. On this site, Veterans and their families and friends can learn about available resources and support. Powerful personal stories and testimonials are at the heart of *Make the Connection*, illustrating how Veterans face and overcome mental health issues and challenges. These stories and testimonials come from Veterans of all service eras, genders, and backgrounds and each of them provides a resounding and compelling example of the positive outcomes for treatment, recovery, and the many paths to more fulfilling lives. Through Veterans' own voices, Veterans have the chance to hear from trusted and credible sources—other Veterans like themselves. *MakeTheConnection.net* helps Veterans recognize that there are people out there like them who are going through similar experiences, overcoming challenges, reaching positive outcomes for treatment and recovery, and finding paths to fulfilling lives.

Veterans and Military Crisis Line

Please bookmark this site! http://www.veteranscrisisline.net/

The Veterans Crisis Line connects Veterans in crisis and their families and friends with qualified, caring Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text. Veterans and their loved ones can call 1-800-273-8255 and Press 1, chat online, or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. More about the Veterans Crisis Line

Prevent Veteran Homelessness

The U.S. Department of Veterans Affairs (VA) has a goal of ending Veteran homelessness by 2015. Our records show that there are more than 8,000 homeless Veterans in the Los Angeles area. VA has transformed its programs to provide atrisk and homeless Veterans with health care, housing, employment, education other job training resources. If you know a Veteran who is homeless or at-risk of becoming homeless, trained responders are available to talk confidentially by phone or online chat. Veterans can call **1-877-4AID VET (1-877-424-3838)** or visit www.VA.gov/homeless.

- VA is committed to ending Veteran homelessness by 2015 but needs the help of our partners.
- The best way to help homeless Veterans is to Make the Call to 1-877-4AID-VET.
- Visit www.va.gov/homeless to learn about VA's services to help homeless or at-risk Veterans.

Coaching into Care from VA

http://www.mirecc.va.gov/coaching/

1-888-823-7458

Coaching Into Care provides a "coaching" service for family and friends of Veterans who see that their Veteran needs help. Coaching involves helping the caller figure out how to motivate their Veteran to seek services. The service is free and provided by licensed clinical social workers and psychologists. The goal of the service is to help the Veteran and family members find the appropriate services in their community. Coaching Into Care takes your privacy, and that of your Veteran, very seriously. We keep all calls confidential, except for cases in which we act to protect the lives of you, your Veteran, or others.

The **Caregiver Support Line (1-855-260-3274)** can help you connect with services for caregivers of our nation's Veterans. You can also look up your local Caregiver Support Contact at http://www.caregiver.va.gov

From DoD Military HOMEFRONT

Keeping It All Together: For wounded, illl and injured Service Members and their families

Military Homefront Department of Defense (2012 Update)

http://www.militaryhomefront.dod.mil/12038/MOS/ResourceGuides/KeepingltAllTogether May2012.pdf

This notebook can make things easier. It is a place to document and organize your service member's journey through treatment and recovery. It has these sections: • Medical Journal. This is a place to record information about admissions and discharges, caregivers, medical procedures, and medications. It has places to write down questions you want to ask, and for keeping notes about plans and care. • Support/Resources. This information will help you understand the recovery process and what different medical providers do, and learn about the many resources available to your service member. • Travel/Lodging. This section provides information about Invitational Travel Orders and places to stay during your service member's recovery.

New Research on Military Families and Children

Adapting the Multifamily Group Model for Treating Veterans With Posttraumatic Stress Disorder

Sherman, Michelle D.; Perlick, Deborah A.; Straits-Tröster, Kristy

Psychological Services, Jun 25, 2012

The Department of Veterans Affairs (VA) health care system's leadership has endorsed family involvement in veterans' mental health care as an important component of treatment. Both veterans and families describe family participation as

highly desirable, and research has documented that having healthy social support is a strong protective factor for posttraumatic stress disorder (PTSD). Family psychoeducation has been shown to be effective in preventing relapse among severely mentally ill, and preliminary evidence suggests that family interventions for PTSD may improve veteran and family outcomes. The multifamily group (MFG) treatment model incorporates psychoeducation, communication training, and problem-solving skill building, and it increases social support through its group format. This article describes the rationale for further adaptation of the MFG model for PTSD, and it reviews issues related to its implementation as a promising adjunctive treatment as part of the continuum of PTSD services available in VA. (PsycINFO Database Record (c) 2012 APA, all rights reserved

Darwin, J. (2012). The return from war: Templates for trauma and resilience. <u>Falling through the cracks:</u>

<u>Psychodynamic practice with vulnerable and oppressed populations.</u> J. Berzoff. New York, Columbia University Press: 347-371.

(from the chapter) The wars in Afghanistan, Operation Enduring Freedom (OEF), and in Iraq, Operation Iraqi Freedom (OIF), have finally reached our national consciousness, but they have also left permanent psychological scars on soldiers, veterans, and their families. In this chapter I look at some of the firsts these wars represent. I discuss the need to build bridges between the military and civilian cultures. I look at trauma as a result of repeated deployments for soldiers and families. I examine the psychodynamic concepts that can inform our work with this population and their families. I consider the treatment of veterans and their families and, finally, models for best treatment. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

Sareen J, Henriksen CA, Bolton SL, Afifi TO, Stein MB, Asmundson GJ. Adverse childhood experiences in relation to mood and anxiety disorders in a population-based sample of active military personnel. Psychol Med. 2012 May 21:1-12.

BACKGROUND: Although it has been posited that exposure to adverse childhood experiences (ACEs) increases vulnerability to deployment stress, previous literature in this area has demonstrated conflicting results. Using a cross-sectional population-based sample of active military personnel, the present study examined the relationship between ACEs, deployment related stressors and mood and anxiety disorders. Method Data were analyzed from the 2002 Canadian Community Health Survey Canadian Forces Supplement (CCHS-CFS; n=8340, age 18-54 years, response rate 81%). The following ACEs were self-reported retrospectively: childhood physical abuse, childhood sexual abuse, economic deprivation, exposure to domestic violence, parental divorce/separation, parental substance abuse problems, hospitalization as a child, and apprehension by a child protection service. DSM-IV mood and anxiety disorders [major depressive disorder, post-traumatic stress disorder (PTSD), generalized anxiety disorder (GAD), panic attacks/disorder and social phobia] were assessed using the Composite International Diagnostic Interview (CIDI).

RESULTS: Even after adjusting for the effects of deployment-related traumatic exposures (DRTEs), exposure to ACEs was significantly associated with past-year mood or anxiety disorder among men [adjusted odds ratio (aOR) 1.34, 99% confidence interval (CI) 1.03-1.73, p<0.01] and women [aOR 1.37, 99% CI 1.00-1.89, p=0.01]. Participants exposed to both ACEs and DRTEs had the highest prevalence of past-year mood or anxiety disorder in comparison to those who were exposed to either ACEs alone, DRTEs alone, or no exposure. CONCLUSIONS: ACEs are associated with several mood and anxiety disorders among active military personnel. Intervention strategies to prevent mental health problems should consider the utility of targeting soldiers with exposure to ACEs.

From Corporation for National and Community Service

CNCS Expands Support for Veterans and Military Families: New AmeriCorps Grants for Veterans Corps Strengthen Administration's Joining Forces Initiative

Chicago - The Corporation for National and Community Service announced that more than 1,000 new AmeriCorps members will deploy across the United States in 2012 to provide education, employment and other services to veterans and military families, the largest number in the agency's history. These new AmeriCorps members will add to the support of more than 140 organizations that will engage over 27,000 Senior Corps and AmeriCorps members to serve 600,000 veterans and military families in more than 200 communities across the country, giving a major boost to the Joining Forces initiative launched by First Lady Michelle Obama and Dr. Jill Biden.

"Our military families have done so much for our country and each of us can do something in return," said Dr. Biden. "You empower a veteran every time you give them an opportunity to serve again." Dr. Biden spoke to thousands of nonprofit and national service leaders at the National Conference on Volunteering and Service, encouraging service as a solution for veterans and military families. "Our servicemen and women risk everything to protect America. It is our solemn obligation to support them and their families when they come home," said Wendy Spencer, CEO of the Corporation for National and Community Service. "At CNCS, we have taken this mission to heart. Serving and engaging veterans and military families is a top priority for us, and we are proud to make significant new investments to support those who have served."

Spencer announced that CNCS will award more than \$6.2 million in AmeriCorps grants to organizations including the American Legion Auxiliary, AMVETS, the California Department of Veterans Affairs, Community Anti-Drug Coalitions of America, Points of Light, Rebuilding Together, the Washington Vet Corps, and others. AmeriCorps members will provide a range of services including employment placement,, behavioral health counseling services, community rehabilitation and reintegration projects, homeless veteran support and financial literacy, and tutoring children of deployed service members.

This year, CNCS will also provide at least \$3 million in Segal AmeriCorps Education Awards to the new AmeriCorps members to use to pay for college or pay back student loans. Many of the AmeriCorps members supported by these grants will be veterans themselves, providing additional education benefits that they can use to assist in reintegration and employment. "The skills and leadership abilities forged in the hills of Afghanistan and sands of Iraq can be applied to solving problems here at home," said Koby J. Langley, CNCS' Senior Advisor for Wounded Warrior, Veterans and Military Family Initiatives. "We know this new Greatest Generation of veterans coming home has a deep desire to serve. AmeriCorps offers an opportunity to continue serving on a different battlefield, helping meet challenges in our communities. More than 16,000 military veterans have already served as AmeriCorps members -- they exemplify the ethos of selfless-service and leadership."

The new investments advance the vision of the 2009 Edward M. Kennedy Serve America Act and the agency's year five-year strategic plan, which made veterans and military families an agency priority. The agency's commitment is twofold: to tap the skills and leadership abilities of veterans to serve in AmeriCorps and Senior Corps and to expand the range of services national service programs provide to veterans and military families. CNCS provides financial and human capital support to hundreds of nonprofits that serve and engage the military community including Give an Hour, the American Legion Auxiliary, Operation Homefront, Blue Star Families, the National Military Family Association, Ride 2 Recovery, the Veterans Innovation Center, The Mission Continues, and many others. State Service Commissions in 26 states are developing innovative service programs to support and engage veterans and military families. Many of these funds are matched by private entities to ensure maximum return on taxpayer dollars.

At the National Conference, CNCS also joined with nonprofit and community leaders to plan a large expansion of the Community Blueprint, a model for veteran and family reintegration. These partners, including Points of Light, the US Chamber of Commerce, and the American Legion Auxiliary, are working expand the model to 200 cities and engage

more than 20,000 veterans as mentors and volunteer leaders, and leverage more than 500,000 volunteers. "Over the next five years, more than one million of our military men and women will come home from war zones. Many will face challenges making the transition back into civilian life. All of us can do more to help them make this transition," said Spencer. "We need to ensure these returning heroes have jobs, housing, and opportunities to continue serving and we must also engage veterans and military families to leverage their talents and skills as national service leaders." Most of the positions announced today will be available starting in the fall. Interested individuals can learn about available opportunities and submit an online application by visiting AmeriCorps.gov.

Featured Upcoming Training

Drs. John and Julie Gottman to present professional CE workshop in Atlanta September 7-8, 2012

Grace and Growth Counseling Center is sponsoring Drs. John and Julie Gottman presenting their "Level I: Bridging the Couple Chasm" training in Gottman couples therapy here in Atlanta, Georgia on September 7-8, 2012. Grace and Growth is a non-profit organization.

We hope that this can be a good resource to the members of the Alliance of Military and Veteran Family Behavioral Health Providers. It is approved for 12 continuing education hours for Georgia marriage and family therapists, social workers, professional counselors and psychologists, and the program is approved by the National Board for Certified Counselors.

Learn more on our website at	www.graceandgrowth.org

Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) presents:

DCoE July Webinar – <u>Concussion Management in the Deployed Setting: New 2012 Military Acute Concussion</u>
<u>Evaluation (MACE) and Clinical Algorithms</u>

July 28, 2012, 1-2:30 p.m. (EDT)

Overview

Mild traumatic brain injury (mTBI), also known as concussion, is the most common form of TBI sustained in the military. Unlike a severe or moderate TBI, mTBI may not be easily identified. Recognizing the importance for early detection, the Defense Department developed MACE, a standardized clinical interview for assessing concussion in a deployed setting. Used in conjunction with clinical judgment, MACE and the Concussion Management in Deployed Settings clinical algorithms take approximately 10 minutes to administer, assisting health care providers in proceeding with the cognitive screening, symptom screening and neurological evaluation. In 2012, MACE and the clinical algorithms were significantly redesigned.

This webinar will:

- Present appropriate administration techniques for MACE
- Accurately summarize and document MACE findings
- Review critical changes to the 2012 algorithms for concussion/mTBI management in the deployed setting, and
- Discuss concussion care policy to include recurrent concussion and implication for return to duty

Presenters:

- Maj. Sarah B. Goldman, Ph.D., OTR/L, CHT Army TBI Program Director Office of the Surgeon General Rehabilitation and Reintegration Division
- Helen C. Coronel, MSN
 Neuroscience Clinician
 Defense and Veterans Brain Injury Center

Moderator:

Col. Jamie B. Grimes, M.D.
 National Director, Defense and Veterans Brain Injury Center
 Office of the Surgeon General Neurology Consultant

Registration and Education Credits Sign up for the webinar.

Continuing education units and continuing medical education credits are available from Saint Louis University. You must register in advance using the Adobe Connect website to qualify.

If your network security settings do not allow you to access Adobe Connect, use another network or device to access the registration page. Once registered, you may use Adobe Connect or Defense Connect Online to attend the webinar.

To receive webinar announcements, sign up for email updates.

For more information, please visit http://www.dcoe.health.mil/Training/MonthlyWebinars.aspx

Recent Articles

Bowling, U., A. Doerman, et al. (2011) Operation Enduring Families: Information and Support for Iraq & Afghanistan Veterans and Their Families (Third Edition). Oklahoma City VA Medical Center, Family Mental Health Program http://www.ouhsc.edu/oef/

Overview of the Program Sessions: Module 1: Family Relationships; Module 2: Communication & Intimacy; Module 3: Anger; Module 4: Post-Traumatic Stress Disorder; Module 5: Depression; Optional Module 6: Traumatic Brain Injury; References

Baumann, S. L. and D. G. Smith (2012). "Coming Home Revisited." Nursing Science Quarterly 25(3): 267-271.

The war in Iraq and Afghanistan has involved the deployment of hundreds of thousands of American soldiers, many of whom are married and have children. The experience of one military family living through a deployment in Iraq in 2011 is discussed and interpreted in light of Parse's human becoming family model. The model provides a useful way for

nurses, and others, to understand families, in a way that honors their values and struggles in an ever changing and unpredictable world. Included is a brief discussion on how communication technologies are changing the experience of military deployment for families.

NAMI (2012). Parity for Patriots: The mental health needs of military personnel, veterans and their families. Arlington, The National Alliance on Mental Illness (NAMI): 15.

One in five active duty military personnel have experienced symptoms of PTSD, depression or other mental health conditions; One active duty soldier dies by suicide every 36 hour and one veteran every 80 minutes; Suicides have increased within National Guard and Reserve forces, even among those who have never been activated and are not eligible for care through the Department of Veterans Affairs (VA); More than one third of military spouses live with at least one mental disorder; One third of children with at least one deployed parent have had psychological problems such as depression, anxiety and acute stress reaction

Blaisure, K. R., T. Saathoff-Wells, et al. (2012). Serving military families in the 21st century. New York, Routledge/Taylor & Francis Group.

(from the cover) This text introduces readers to military families, their resilience, and the challenges of military life. Personal stories from active duty, National Guard, reservists, veterans, and their families, from all branches and ranks of the military, and those who work with military personnel, bring their experiences to life. A review of latest research, theories, policies, and programs better prepares readers for working with military families. Objectives, key terms, tables, figures, summaries, and exercises, including web-based exercises, serve as a chapter review. The book concludes with a glossary of key terms. Engaging vignettes are featured throughout: "Voices from the Frontline" offer personal accounts of issues faced by actual program leaders, practitioners, researchers, policy makers, service members, and their families; "Spotlight on Research" highlights the latest studies on dealing with combat-related issues; "Best Practices" review the optimal strategies used in the field; and "Tips from the Frontline" offer suggestions from experienced personnel. Intended as a text for advanced undergraduate or graduate courses on military families or as a supplement for courses on the family, marriage and family, stress and coping, or family systems taught in family studies, human development, clinical or counseling psychology, sociology, social work, and nursing, this book also appeals to helping professionals who work with military families.

Zerach, G., Z. Solomon, et al. (2012 Online First). "Family cohesion and posttraumatic intrusion and avoidance among war veterans: a 20-year longitudinal study." Social Psychiatry and Psychiatric Epidemiology: 1-10.

Background The bi-directional relationships between combat-induced posttraumatic symptoms and family relations are yet to be understood. The present study assesses the longitudinal interrelationship of posttraumatic intrusion and avoidance and family cohesion among 208 Israeli combat veterans from the 1982 Lebanon War. Methods Two groups of veterans were assessed with self-report questionnaires 1, 3 and 20 years after the war: a combat stress reaction (CSR) group and a matched non-CSR control group. Results Latent Trajectories Modeling showed that veterans of the CSR group reported higher intrusion and avoidance than non-CSR veterans at all three points of time. With time, there was a decline in these symptoms in both groups, but the decline was more salient among the CSR group. The latter also reported lower levels of family cohesion. Furthermore, an incline in family cohesion levels was found in both groups over the years. Most importantly, Autoregressive Cross-Lagged Modeling among CSR and non-CSR veterans revealed that CSR veterans' posttraumatic symptoms in 1983 predicted lower family cohesion in 1985, and lower family cohesion, in turn, predicted posttraumatic symptoms in 2002. Conclusions The findings suggest that psychological breakdown on the battlefield is a marker for future family cohesion difficulties. Our results lend further support for the bi-directional mutual effects of posttraumatic symptoms and family cohesion over time.

Orme, D. R. (2012). "Diagnosing PTSD: Lessons From Neuropsychology." Military Psychology 24(4): 397-413.

Problematic diagnostic issues related to neurocognitive conditions have been well documented in research using neuropsychological instruments. However, due to the nature of differing assessment methods, these issues have not been as clearly established in the diagnostic assessment of psychiatric disorders that rely on self-report. Nonetheless, they appear relevant. This article summarizes diagnostic-related lessons learned based on clinical neuropsychological research and how they are applicable to the practice of diagnosing psychiatric conditions, post-traumatic stress disorder (PTSD) in particular. Ignoring these lessons raises serious risk for misdiagnosis, inappropriate treatment and services, and iatrogenic illness.

Jennings-Kelsall, V., L. S. Aloia, et al. (2012). "Stressors Experienced by Women Within Marine Corps Families: A Qualitative Study of Discourse Within an Online Forum." Military Psychology 24(4): 363-381.

The social constructionist perspective frames this exploration of the socio-emotional and relational aspects of stress experienced by significant others of active duty Marines. Interpretive methods were applied to data from an online forum for Marine Corps wives, fiancées, and girlfriends. Open coding revealed six stressors: (a) stuck in a state of flux, (b) going through changes, (c) relational uncertainty, (d) loneliness, (e) alienation, and (f) anxiety related to deployment. Axial coding revealed three properties underlying these stressors: (a) issues of control and helplessness, (b) concerns over privileging individual or relational goals, and (c) the matter of locus of blame.

FEATURED RESOURCES

From Dr. Ron Astor of USC

Our four new guides will be on the market soon. They are designed to provide support to military children in schools. Each guide outlines how adults can create a school setting that helps students from military families thrive. The guides are a collection of best practices that can be used by parents, teachers, administrators, and pupil personnel. As you think ahead and plan for your classes please consider using these guides. Columbia University, Teachers College Press is publishing them. The Military Child Educational Coalition will also be distributing the guides and you'll be able to purchase them from either organization. Large bulk orders are significantly discounted by the publisher. All royalties are donated to military child causes. They are due to be in press sometime September of this year. We think these guides will be very useful to teachers, administrators, pupil personnel, and parents of military children.

They are currently listed on the TCP site for pre-orders:

Parent Guide:

http://store.tcpress.com/0807753688.shtml

Administrator Guide:

http://store.tcpress.com/080775370X.shtml

Teachers Guide:

http://store.tcpress.com/0807753696.shtml

Pupil Personnel Guide

http://store.tcpress.com/0807753718.shtml

Online Resources

Clearinghouse for Military Family Readiness (Penn State) – Initiatives: http://www.militaryfamilies.psu.edu/initiatives
At the Clearinghouse, our mission is always evolving in response to the needs of our military families. Beyond serving as a resource for professionals working with military families, the Clearinghouse is expanding its efforts to support the following initiatives:

- Family members with special needs
- Obesity prevention
- Yellow Ribbon Reintegration Program
- Sector-specific initiatives

Clearinghouse Presentations

- DoD/USDA Family Resilience Conference 2011 -- Evidence-based Programs and Practices Workshop (PDF)
- DoD/USDA Family Resilience Conference 2011 -- Mapping Core Elements Workshop (PDF)
- DoD/USDA Family Resilience Conference 2011 -- Sustainability Workshop (PDF)

RAND Center for Military Health Policy Research

http://www.rand.org/multi/military.html

Recent Reports and News Includes:

- Presenting Military Suicides is a Nationwide Effort
- Military Families, What We Know and What We Don't Know
- And much more

American Psychological Association

http://www.apa.org/topics/military/index.aspx

Military: For activities and resources for psychologists working with soldiers and veterans, visit APA's Military and Veteran Issues page.

MILITARY CHILD EDUCATION COALITION (MCEC) – TRAININGS/PROFESSIONAL DEVELOPMENT

Living in the New Normal: Helping Children Thrive through Good and Challenging Times (LINN)

• LINN training is a comprehensive initiative providing community professionals, educators, family members, and other concerned individuals with information on how to support military children during times of uncertainty, trauma, and grief. This three-part

initiative includes an accredited professional development institute, a professional development practicum, and a public engagement model, grounded by well-researched, vetted resources.

- LINN Institute: designed for educators and community professionals
- LINN Practicum: designed for parents, child care practitioners, educators, Family Readiness Group leaders, and other concerned adults
- LINN Public Engagement: designed for state and community leaders
- Trained over 8370 professionals since 2007

Jul 20, 2012 Living in the New Normal Practicum - Virginia Beach, VA 08:00am Dr. Ken Ginsburg Resilience in Action: A Strengths Based Approach to Working with Young People 08:00am Jul 30, 2012 08:00am Living in the New Normal Institute - Bloomington, IN Aug 02, 2012 08:00am Guard and Reserve Institute - Fishers, IN 08:00am Living in the New Normal Practicum - Ontario, OR Aug 08, 2012 08:00am Living in the New Normal Institute - Johnston, IA Aug 18, 2012 08:00am Guard and Reserve Institute - Millsboro, DE Aug 28, 2012 08:00am Living in the New Normal Practicum - Klamath Falls, OR 08:00am Transition Counselor Institute (Phase One) - Lawton, OK Aug 30, 2012 08:00am Transition Counselor Institute (Phase One) - Huntsville, AL Sep 10, 2012 08:00am **Living in the New Normal Institute - Tucson, AZ** Sep 13, 2012 08:00am Guard and Reserve Institute - Chattanooga, TN 08:00am Living in the New Normal Practicum - Niceville, FL Sep 18, 2012 08:00am Living in the New Normal Practicum - Prescott, AZ Sep 19, 2012 08:00am Living in the New Normal Practicum - Ft. Benning, GA 08:00am Transition Counselor Institute (Phase One) - Fort Belvoir

UPCOMING CONFERENCES AND TRAININGS

July 2012

July 20-25

NARME's 2012 "Champions for Children" Conference

Baltimore Hilton, Baltimore, Maryland http://narmeconference.com/

The National Association for Relationship and Marriage Education (NARME) will present its 2nd annual conference. This conference will offer an array of topics around the goal of promoting "Champions for Children." For more information about NARME, click here: https://www.narme.org/portal2/.

July 22-25

National Association of Social Workers (NASW) Conference

http://www.socialworkers.org/nasw/conferences/hope2012/default.asp Washington, DC

Theme: Restoring Hope: The Power of Social Work

August 2012

August 2-5

2012 120th American Psychological Association (APA) Convention

http://www.apa.org/convention/

Orange County Convention Center, Orlando, FL

September 2012

September 13-16

American Association for Marriage and Family Therapy (AAMFT) Annual Conference

http://www.aamft.org/iMIS15/AAMFT/Education and Training/Annual Conference/Content/Events/Annual Conference.aspx?hkey=01376fe8-c4e8-439f-a51b-8418d371323f

Charlotte, NC Theme – Women: Evolving Roles in Society and Family

September 9-12 (Affiliated Training Sept 7-8 and Sept 12 is post-conference workshop)

International Violence, Abuse and Trauma (IVAT) Conference – Call for Submissions

http://www.ivatcenters.org/conferences/17thIC/2012 Call for Submissions-FINALVERSION.pdf

Town and County Hotel and Resort, San Diego, CA

Theme – Best Practices: Compassion in Action Includes military track

October 2012

October 25-27

Advancing School Mental Health

http://csmh.umaryland.edu/Conferences/AnnualConference/AnnualHome.html

Salt Lake City, UT

The 17th Annual Conference on Advancing School Mental Health will be held October 25-27, 2012 at the Salt Lake City Marriott Downtown Hotel (75 S. West Temple) in Salt Lake City, Utah. The Conference is sponsored by the Center for School Mental Health (CSMH) and the IDEA Partnership (funded by the Office of Special Education Programs [OSEP], sponsored by the National Association of State Directors of Special Education). The theme of the 17th Annual Conference is "School Mental Health: Promoting Positive Outcomes for Students, Families, Schools, and Communities." Save-the-date!

October 31-Nov 4

74th National Council on Family Relations (NCFR) Annual Conference http://www.ncfr.org/ncfr-2012 Hyatt Hotel, Phoenix, AZ

November 2012

November 11-15

The Association of Military Surgeons of the U.S. (AMSUS) 118th Annual Meeting http://amsusmeeting.org/ Phoenix, AZ

JOB OPENINGS

Becoming a TRICARE Provider

TRICARE

TRICARE is the health care program for uniformed service members, their families, and survivors. TRICARE uses military treatment facilities (also known as direct care) as the main delivery system and augments direct care with a network of civilian providers and facilities to provide timely access and high quality service while maintaining the capability to support military operations.

The program is available worldwide and managed regionally in six separate TRICARE regions jointly by the TRICARE Management Activity (TMA) and TRICARE Regional Offices.

- North
- South
- West
- Eurasia-Africa
- Latin America & Canada
- Pacific

USAJOBS.GOV Job Openings by Series Number

Go to www.usajobs.gov & go to "Advanced Search" & under "Series Search" type in "0101", "0180" or "0185" NOTE: You can refine your search on the page to limit to VA, Army, Navy, Air Force etc.

0101 Series

0101 Series: Covers jobs in Social Sciences, Psychology and Welfare Services. These jobs may or may not require licensure.

List of Current Positions under this category:

http://www.usajobs.gov/JobSearch/Search/GetResults?Keyword=0101&Location=&search=Search!

0180 Series

0180 Series: Covers jobs in Psychology and Counseling Psychology. These jobs are primarily for those with PhD or PsyD, LMFT or other counseling degree and licensure.

List of Current Positions under this category:

http://www.usajobs.gov/JobSearch/Search/GetResults?Keyword=0180&Location=&search=Search

0185 Series

0185 Series: Covers jobs for Social Workers ONLY. Must have licensure (i.e. LCSW)

List of Current Positions under this category:

http://www.usajobs.gov/JobSearch/Search/GetResults?Keyword=0185&Location=&search=Search

Non-federal job openings

- Zeiders Enterprises:. Link to current job openings.
- SERCO Link to All SERCO Counseling/Support/Outreach/Job Announcements
- CERIDIAN <u>Link to current Ceridian Jobs</u> at drop down menu for functional area, choose Social Work/Health Care.
- Choctaw Enterprises Main link to all jobs
- SAIC Career Opportunities SAIC Job Openings
- Health Net Link to all job openings at Health Net

- Eagle Applied Sciences Eagle's direct link to job openings http://www.eagle-app-sci.com/index.php?option=com_content&view=article&id=51&Itemid=92
- **Health e-Careers Network** <u>Main link to all jobs</u> when you go to this site, type in the following keywords to find military-affiliated jobs:
 - Sterling Medical
 - o Spectrum Healthcare Resources
 - o Henry M. Jackson Foundation for the Advancement of Military Medicine
 - o Eagle Applied Sciences