FORUM ON HEALTH AND NATIONAL SECURITY

FINANCIAL STRESS AND BEHAVIORAL HEALTH IN MILITARY SERVICEMEMBERS: RISK, RESILIENCE, MECHANISMS AND TARGETS FOR INTERVENTION

EXECUTIVE SUMMARY

Center for the Study of Traumatic Stress
Department of Psychiatry
Uniformed Services University of the Health Sciences
Financial Stress and Behavioral Health in Military Servicemembers: Risk, Resilience, Mechanisms and Targets for Intervention Stress, Resilience, and Well-being

Edited by
Robert J. Ursano, MD
Carol S. Fullerton, PhD
Mary Lee Dichtel, RN

A Conference of the:
Center for the Study of Traumatic Stress
Department of Psychiatry
Uniformed Services University School of Medicine
From the Conference Series:

FORUM ON HEALTH AND NATIONAL SECURITY

FINANCIAL STRESS AND BEHAVIORAL HEALTH IN MILITARY SERVICEMEMBERS:
RISK, RESILIENCE, MECHANISMS AND TARGETS FOR INTERVENTION STRESS, RESILIENCE, AND WELL-BEING

Editor's Note: This transcript has been edited, however, as in most transcripts some errors may have been missed. The editors are responsible for any errors of content or editing that remain.

IPD 2016 by Center for the Study of Traumatic Stress
Department of Psychiatry
Uniformed Services University of the Health Sciences
4301 Jones Bridge Road
Bethesda, MD 20814-4712

First Edition
The goal of this Forum on Health and National Security was to address financial stress in the lives of servicemembers and identify knowledge gaps and opportunities for gaining new knowledge that can lead to new and improved intervention programs. Financial stress directly and indirectly affects servicemembers' mental and behavioral health as well as servicemember and family functioning. Understanding financial stress can aid in developing effective programs to mitigate this stress and help servicemembers and families in need. The Forum reviewed the complexity of defining financial stress and the interplay of financial stress in the “web” of life stressors that impact servicemembers and their families.

The Forum brought together military and civilian leaders and scientists with expertise in risk and resilience, behavioral health, economics, models of stress behavior, and suicide to address the financial challenges faced by servicemembers and their families. Participants were challenged to develop new perspectives by synthesizing knowledge across diverse disciplines to better understand the complex issues of financial stress and associated life stressors, and risk and resilience factors moderating this stress. The Forum attendees also reviewed critical literature assembled from detailed searches, contributions by attendees as well as case studies and illustrations of the interactions of financial stress with life stressors and events. The Forum succeeded in identifying gaps in our knowledge and research recommendations to better understand financial stress and inform programmatic interventions for military servicemembers and their families.
Executive Summary and Recommendations

The Services and the Department of Defense (DOD) have extensive programs designed to ameliorate servicemembers' financial stress. However, the key dynamics surrounding financial stress as a stressor by itself or in combination with other factors are not well understood. Financial stress impacts mental and behavioral health as well as servicemember and family function. Financial stress is usually embedded in a "web" of life stressors and adversities (e.g., change in station, loss of job of a spouse, deployment, school needs for children, and illness of a relative) that vary with the servicemember's age, family structure, career phase and life context and transitions. The challenges faced by servicemembers as a result of financial stress are modified by pre-existing risk and protective factors, present context and expectations of the future. This dynamic interplay can contribute to altered health, mental health, and individual and family functioning including risk for suicide.

Understanding the sources and types of financial stress and the web of interactions in which financial stress is embedded in the military member and family's life course, can inform scientific knowledge and planning for actionable programs for mitigating negative effects of financial stress on health and performance. Financial stress can be conceptualized in multiple ways: the actual dollar amount of financial stress, the servicemember's perception of financial stress and also the servicemember's experience of "comparative" financial stress (e.g., compared to others) can each influence health and behavior. Financial stress can also be conceptualized as financial "hardship" (absence of enough) or as time varying availability (cash flow problems). Indebtedness is another type of financial stress and common in younger servicemembers in particular. Those who are using (or qualify for but do not use) available financial support programs, e.g., school lunches, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), comprise another class/type of financial stress. Lack of financial resources can lead to poor nutrition and cutting back on other health related activities. Housing ownership, foreclosure, unanticipated costs for fuel/air conditioning/repairs, being "in over our heads" are an aspect of financial stress usually later in the career and often associated with family conflict.

These types of financial stress (and others) also interact with economic issues occurring across the nation during any particular time. This occurs within a specific family and community setting and has a developmental component. A future time
Lack of or loss of future time perspective influences the ability to execute financial planning and maintain financial well-being.

The Forum brought together Department of Defense and civilian leaders along with scientists with expertise in behavioral health, risk and resilience, economics, models of stress behavior, and suicide who understand the challenges faced by military servicemembers and their families. The participants were challenged to consider broad and creative perspectives ("out-of-the-box thinking") and to synthesize disparate knowledge to aid in the understanding of knowledge gaps on financial stress and servicemember's health and performance.

The Forum succeeded in its task. The Forum identified gaps in our knowledge and developed recommendations for research to better understand financial stress and to inform programmatic and intervention considerations for military servicemembers and their families.

RECOMMENDATIONS

Knowledge Gaps

- Studies should examine financial stress as part of a matrix of stressors including: pre-existing risk factors prior to entering the military, predisposing factors (debts, dependents), acute and precipitating, sustaining, modifying and mitigating factors and events (injury, career transitions, deployment, support).
- Financial stress needs to be operationalized in multiple ways. For example: absolute dollar of need; financial change over time; perspective of financial challenges compared to others; anticipated financial needs; financial limitations that are affecting life choices; financial loss/need associated with self-esteem/well-being; and others.
- Research studies and reviews need to examine the multiple adverse outcomes associated with various types of financial stress including: mental, behavioral and physical health (e.g., distress, increased substance/alcohol use and abuse, depression, suicidality, family violence), and functioning at home and work.
- To better identify interventions research should examine the various classes/types of financial stress and their associated multiple outcomes across time. Consideration of the type/class of financial stress, their differential trajectories across career and family time and the risk and protective factors for the various classes.
- Design research to also understand the cumulative effects of multiple stressors (i.e., load) on behavioral and health outcomes associated with various types of financial stress. High cumulative risk can overload the capacity of individuals and families and impair the ability to plan for the future and make optimal use of financial planning and supportive resources.
- Transitions are very important. Studies should identify critical transition times/risk points across the military career that are associated with increased risk of financial stress to servicemembers and families, such as basic training, deployment, PCS, demotion/promotion.
- Financial "shock" is often a part of leaving the military. This transition time is
particularly important and is a high risk time for a number of mental illnesses as well as suicidality.

- The perception of financial stress is itself a target for study. Research is needed to examine the perception and the relative experience of financial stress and its influence on health and behavior.

- Loss of reward — rather than financial impairment — is an additional perspective on financial stress that highlights changes in expectations. The literature on reward loss highlights the influence of context, the contextual factors of the loss and not just the loss itself, on subsequent outcomes. Contexts which are changing/unstable situations increase the influence of the environment on choices. Such a perspective can inform the effect of easy credit environments on particular individuals and timing of the effects. A better understanding of time periods which are heavily influenced by environmental contingencies can inform “the wrong person in the wrong place at the wrong time.”

- Some literature supports that losses are more potent on mental and behavioral health and performance than are gains. Financial loss may be one of a group of losses occurring at a particular time.

- Animal models can clarify and inform elements of the financial stress response in humans. Reward acquisition and loss in animal models has implications for understanding control and lack of control over financial gain and loss in humans and related issues of self-efficacy and power over ones future. Reward loss can induce stress-like behaviors such as aggression that are dependent on the context in which the loss of reward has occurred.

- Financial stress rarely operates “in a vacuum.” Identifying moderators, mediators, duration and joint effects are important research questions to identify risk and resilience factors and aid intervention development.

- Cumulative financial stress (i.e. across time) as load or strain may have additional effects beyond time limited financial stress. Understanding health effects associated with the buildup of financial stress and recovery from (“things are now back to manageable”) is important for identifying sustainment and recovery factors for financial stress.

- Understanding momentary time and context effects on financial choices requires additional research designs that focus on detailed data in smaller samples of servicemembers (e.g., intensive case control design). Such research is important to identify unique individual characteristics that are transient and require close assessment.

- DOD and the services can leverage existing military historical and administrative health and behavioral databases. Cross-linked data will facilitate analyses using “big data” to address factors related to financial stress. Defining types of financial stress is important to aligning queries of big data and to enable predictive analytics.

- Large data studies offer unique opportunities for understanding and developing decision support tools for leadership to identify those at increased risk of various types of financial stress and test interventions to mitigate risk. Developing and implementing across the services universal, centralized outcome variables
An important aspect of gaining new knowledge is having a mechanism to pass this knowledge to those who can develop and test "tools" for intervention as well as mechanisms for implementation. Without this mechanism new knowledge is lost or rejected because it is experienced as a burden on those who are working diligently to implement present programs and do not have the new knowledge in a usable manner. This is a critical step for moving from filling knowledge gaps to programs, interventions and implementation. Consideration of this system's step is central to the effort to effectively move further knowledge of financial stress to successful action.

Programs, Interventions and Implementation

- Planning and inclusion of ongoing quality assessment and continuous quality improvement is needed in programs prior to program roll-out. Fidelity of measurements changes over time and should be monitored on a continuous basis to ensure accurate measures of program effectiveness. Understanding who does not use a program and what percent of people who need the program do not use it is important to developing effective programs.

- Continuous Quality Improvement (CQI) — addressing improving quality with evidence — when well implemented is a research strategy to develop effective programs. This quality management process requires close collaboration of researcher/SME and leadership to continuously ask the questions, “How are we doing?” and “Can we do it better?”

- Programs can be evaluated best when leadership and evaluation research is aligned. “Pragmatic trials” can be part of program roll outs. Often one can embed experiments into routine clinical or personnel programs to enable comparing usual care/programs with trial care or programs initiated in a staged roll out. This is possible in the military because of the amount of data the military collects routinely. Leadership support is critical to this type of design.

- The complexity of financial stress and its web highlight the value of wrap around (i.e., broad based) programs which can show effectiveness across multiple outcomes and with multiple stressors. Universal interventions (those that target more than one outcome) are valuable for their efficiency. Identifying, testing and evaluating universal training (active skills training) and prevention programs should be part of planned financial management and planning education across the career and family life cycle.

- Program evaluation is critical to efficient operations and providing effective interventions. Identifying programs that are effective is intrinsic to sustaining useful and cost effective interventions.

- Financial education programs require close integration into the military culture. This can increase their being experienced as a routine part of training and education and is important to engaging servicemembers and families. Consideration of differences between services and within the services can enhance program effectiveness.
Executive Summary and Recommendations

- Innovative involvement of leadership can help make programs uniquely effective and enhance unit cohesion. Such programs require close attention to possible stigma and to ensuring equity across servicemembers.

- Enhancing the systematic coordination of financial education programs to target critical time points may increase their impact. Such programs hold promise of reaching the greatest number of servicemembers and families during times in their careers when they are at greatest risk of the negative effects of financial stress.

- Not all those who can use the present programs do so. Studies need to assess program utilization and identify why people who need services are not using the available services and why others seek help. For example, do servicemembers and families know what programs exist and are they able to easily access programs? It is important to address the actual availability (as well as utilization) of resources compared to the perception of available resources.

- The perception of financial stress and how a servicemember evaluates their financial stress compared to others will change over career and family time. These changes can identify opportunities for education and intervention.

- Financial stress as related to perceived wealth relative to others often has an accompanying lack of self-efficacy and decreased self-esteem that may result. The possible value of financial programs that foster skills that build self-confidence to handle current and future financial stress may alter this particular type of financial stress.

- Financial stress can be a result of impulsiveness and lack of planning. Research can inform who is at risk of this type of financial stress and when. For these servicemembers and families (and at the times of this risk) financial programs which can assist financial self-monitoring may be most helpful. Electronic apps and tools may appeal to some for this task.

- The use of new mobile and online technology can be helpful to some as part of changing financial stress. These should be part of a program to foster a sense of self-sufficiency in the management of finances.

- Easy access to credit (i.e., “Pay Day Lender”) is a contextual contributor to higher rates of financial stress for some. Knowing who is at most risk in this context is important. Understanding the when, where, and who of this risk can better suggest intervention needs.

- Linking older and younger adults is a frequently used intervention for decreasing stigma and increasing coping skills for multiple types of stressors and adversities. Increased use of this often informal mechanism can strengthen programs.
PANELISTS

James E. Barrett, PhD
Professor and Chair
Department of Pharmacology and Physiology
Drexel College of Medicine
Philadelphia, PA

Paul D. Bliese, PhD
COL (Retired), MSC, USA
Associate Professor
Darla Moore School of Business
University of South Carolina
Columbia, SC

Deborah Boggs Bookwalter, ScD, MS
Epidemiologist, Millennium Cohort Study
Henry M. Jackson Foundation
Military Population Health
Naval Health Research Center
San Diego, CA

Robert M. Bossarte, PhD
Director, Epidemiology Program
Post-Deployment Health Group
Office of Public Health
Veterans Health Administration
Washington, DC

Linda F. Egentowich
Col (Retired), USAF
Chief Operating Officer
Air Force Aid Society
Arlington, VA

Kimberly J. Elenberg, DNP, MS
CAPT, U.S. Public Health Service
Population Health, Clinical Support Division
Defense Health Agency
Defense Health Headquarters
Falls Church, VA

John A. Fedrigo
Deputy Assistant Secretary of the Air Force
(Reserve Affairs and Airman Readiness)
Office of the Assistant Secretary of the Air Force for Manpower and Reserve Affairs
Washington, DC

Stevan E. Hobfoll, PhD
The Judd and Marjorie Weinberg Presidential Professor and Chair
Professor of Behavioral Sciences, Medicine, Preventive Medicine & Nursing Science
Department of Behavioral Sciences
Rush University Medical Center
Chicago, IL

Ronald C. Kessler, PhD
McNeil Family Professor of Health Care Policy
Department of Health Care Policy
Harvard Medical School
Boston, MA

Dennis McGurk, PhD
LTC, MSC, USA
Director, Military Operational Medicine Research Program (MOMRP)
Chair, Joint Program Committee 5 (JPC-5)
U.S. Army Medical Research & Materiel Command
Fort Detrick, MD

Gary R. Mottola, PhD
Research Director
National Financial Capability Study
FINRA Investor Education Foundation
Washington, DC
C. Eldon Mullis
COL (Retired), USA
Deputy Director and Chief Operating Officer
Headquarters, Army Emergency Relief
Alexandria, VA
William P. Nash, MD  
CAPT (Retired), USN  
Director of Psychological Health at United States Marine Corps  
Arlington, VA

Matthew K. Nock, PhD  
Professor of Psychology, Harvard University  
Research Scientist, Massachusetts General Hospital  
Research Scientist, Boston Children’s Hospital  
Boston, MA

Cheri Nylens  
Director, NMCRS Casework Division  
Navy-Marine Corps Relief Society  
Arlington, VA

Hollister (Holly) K. Petraeus  
Assistant Director, Consumer Financial Protection Bureau (CFPB)  
Office of Servicemember Affairs  
Washington, DC

Bud Schneeweis, CFP  
CAPT (Retired), USCG  
Director, Military Financial Readiness  
FINRA Investor Education Foundation  
Washington, DC

Eric B. Schoomaker, MD, PhD  
LTG (Retired), MC, USA  
Professor and Vice Chair for Leadership, Centers, and Programs

Department of Military and Emergency Medicine  
Uniformed Services University  
Bethesda, MD

Anthony J. Stamilio, MBA  
Deputy Assistant Secretary of the Army  
(Civilian Personnel and Quality of Life)  
U.S. Department of the Army

Barbara A. Thompson  
Director, Office of Family Readiness Policy  
Office of the Secretary of Defense  
(Military Community and Family Policy)

Robert J. Ursano, MD  
Professor and Chair, Department of Psychiatry  
Director, Center for the Study of Traumatic Stress  
Uniformed Services University  
Bethesda, MD

Shelley MacDermid Wadsworth, PhD  
Professor, Department of Human Development and Family Studies  
Director, Center for Families  
Director, Military Family Research Institute  
Executive Director, Family Impact Institute  
Purdue University  
West Lafayette, IN

FORUM PLANNING COMMITTEE
Robert J. Ursano, MD  
James E. McCarroll, PhD, MPH  
Mary Lee Dichtel, RN  
K. Nikki Benevides, MA  
Eric G. Meyer, MD  
Michelle Herman, BA  
Carol S. Fullerton, PhD  
TSgt. Jorge Hastings  
MSSgt. Syrus Henderson  
Joseph Piemontese

FORUM EDITING COMMITTEE
Robert J. Ursano, MD  
Carol S. Fullerton, PhD  
Mary Lee Dichtel, RN  
James E. McCarroll, PhD, MPH  
K. Nikki Benevides, MA  
Eric Meyer, MD  
Michelle Herman, BA
PARTICIPANTS

James E. Barrett, PhD
Professor and Chair
Department of Pharmacology and Physiology
Drexel College of Medicine
Philadelphia, PA
james.barrett@drexelmed.edu

Paul D. Bliese, PhD
COL (Retired), MSC, USA
Associate Professor
Darla Moore School of Business
University of South Carolina
Columbia, SC
paul.bliese@Moore.sc.edu

Deborah Boggs Bookwalter, ScD, MS
Epidemiologist, Millennium Cohort Study
Henry M. Jackson Foundation
Military Population Health
Naval Health Research Center
San Diego, CA
deborah.b.bookwalter.ctr@mail.mil

Robert M. Bossarte, PhD
Director, Epidemiology Program
Post-Deployment Health Group
Office of Public Health
Veterans Health Administration
Washington, DC
robert.bossarte@va.gov

Deborah Bradbard, PhD
Senior Research Associate
Institute for Veterans and Military Families (IVMF)
Syracuse, NY
dbradbar@syr.edu
dbradbard@gmail.com

Russell B. Carr, MD
CMDR, MC, USN
Chairman, Department of Psychiatry

Walter Reed National Military Medical Center
Bethesda, MD
russell.b.carr.mil@mail.mil

Kathleen D. Cole
Assistant Deputy, Quality of Life
Office of the Assistant Secretary of the Army
(Manpower and Reserve Affairs)
Washington, DC
kathleen.d.cole.civ@mail.mil

Gillian Connon
Director, Bethesda Office
Navy-Marine Corps Relief Society
Bethesda, MD
Gillian.Connon@nmcrs.org

Kenneth L. Cox, MD, MPH
Army Public Health Center (Provisional)
Aberdeen Proving Ground
Aberdeen, MD
kenneth.l.cox34.ctr@mail.mil

Stephen J. Cozza, MD
COL (Retired), MC, USA
Professor, Department of Psychiatry
Associate Director, Center for the Study of Traumatic Stress
Uniformed Services University
Bethesda, MD
stephen.cozza@usuhs.edu

Catherine Dempsey, PhD, MPH
Research Assistant Professor, Department of Psychiatry
Scientist, Center for the Study of Traumatic Stress
Uniformed Services University
Bethesda, MD
catherine.dempsey.ctr@usuhs.edu
Linda F. Egentowich
Col (Retired), USAF
Chief Operating Officer
Air Force Aid Society
Arlington, VA
linda.egentowich@afas-hq.org

Kimberly J. Elenberg, DNP, MS
CAPT, U.S. Public Health Service
Population Health, Clinical Support Division
Defense Health Agency
Defense Health Headquarters
Falls Church, VA
Kimberly.j.elenberg2.mil@mail.mil

John A. Fedrigo
Deputy Assistant Secretary of the Air Force
(Reserve Affairs and Airman Readiness) Office
of the Assistant Secretary of the Air Force
for Manpower and Reserve Affairs
Washington, DC
john.a.fedrigo.civ@mail.mil

Daniel P. Feehan
Principal Deputy Assistant Secretary of Defense
for Readiness
Office of the Under Secretary of Defense
(Personnel and Readiness)
Arlington, VA
daniel.p.feehan.civ@mail.mil

Carol S. Fullerton, PhD
Research Professor, Department of Psychiatry
Scientific Director, Center for the Study of
Traumatic Stress
Uniformed Services University
Bethesda, MD
cfullert@erols.com
carol.fullerton@usuhs.edu

Robert K. Gifford, PhD
COL (Retired), MSC, USA
Senior Project Director of STARRS
Executive Director, Center for the Study of
Traumatic Stress
Department of Psychiatry
Uniformed Services University
Bethesda, MD
robert.gifford.ctr@usuhs.edu

Holly Herberman-Mash, PhD
Research Psychologist, Center for the Study of
Traumatic Stress
Research Assistant Professor, Department of
Psychiatry
Uniformed Services University
Bethesda, MD
holly.herberman-mash.ctr@usuhs.edu

Stevan E. Hobfoll, PhD
The Judd and Marjorie Weinberg Presidential
Professor and Chair
Professor of Behavioral Sciences, Medicine,
Preventive Medicine and Nursing Science
Department of Behavioral Sciences
Rush University Medical Center
Chicago, IL
stevan_hobfoll@rush.edu

Ronald C. Kessler, PhD
McNeil Family Professor of Health Care Policy
Department of Health Care Policy
Harvard Medical School
Boston, MA
kessler@hcp.med.harvard.edu

Scott D. Ludtke
Army Program Director, STARRS-LS
Office of the Deputy Under Secretary of the
Army
Arlington, VA
scott.d.ludtke.civw@mail.mil

James E. McCarroll, PhD, MPH
COL (Retired), MSC, USA
Senior Scientist and Professor (Research)
Center for the Study of Traumatic Stress
Department of Psychiatry
Uniformed Services University
Bethesda, MD
james.mccarroll.ctr@usuhs.edu

Pam McClelland
Financial Education Specialist
Consumer Financial Protection Bureau
Office of Servicemember Affairs
Pamela.McClelland@cfpb.gov
Dennis McGurk, PhD
LTC, MSC, USA
Director, Military Operational Medicine Research Program (MOMRP)
Chair, Joint Program Committee 5 (JPC-5)
U.S. Army Medical Research & Materiel Command
Fort Detrick, MD
dennis.mcgurk.mil@mail.mil

Eric G. Meyer, MD
Capt, MC, USAF, FS
Assistant Professor of Psychiatry, Department of Psychiatry
Scientist, Center for the Study of Traumatic Stress
Uniformed Services University
Bethesda, MD
eric.meyer@usuhs.edu

Joshua C. Morganstein, MD
CMRD, U.S. Public Health Service
Assistant Professor / Assistant Chair, Department of Psychiatry
Scientist, Center for the Study of Traumatic Stress
Uniformed Services University
Bethesda, MD
joshua.morganstein@usuhs.edu

Gary R. Mottola, PhD
Research Director
National Financial Capability Study
FINRA Investor Education Foundation
Washington, DC
gary.mottola@finra.org

C. Eldon Mullis
COL (Retired), USA
Deputy Director and Chief Operating Officer
Headquarters, Army Emergency Relief
Alexandria, VA
Eldon.mullis@aerhq.org

James A. Naifeh, PhD
Research Assistant Professor, Department of Psychiatry
Research Psychologist, Center for the Study of Traumatic Stress
Uniformed Services University
Bethesda, MD
James.naifeh.ctr@usuhs.edu

William P. Nash, MD
CAPT (Retired), MC, USN
Director of Psychological Health at United States Marine Corps
Arlington, VA
William.P.Nash@usmc.mil

Katharine W. Nassauer, PhD
Psychological Health and Resilience Portfolio Manager
Military Operational Medicine Research Program
U.S. Army Medical Research and Materiel Command
Fort Detrick, MD
katharine.w.nassauer.civ@mail.mil

Matthew K. Nock, PhD
Professor of Psychology, Harvard University
Research Scientist, Massachusetts General Hospital
Research Scientist, Boston Children’s Hospital
Boston, MA
nock@wjh.harvard.edu

Cheri Nylen
Director, NMCRS Casework Division
Navy-Marine Corps Relief Society
Arlington, VA
Cheri.Nylen@nmcrs.org

Hollister (Holly) K. Petraeus
Assistant Director, Consumer Financial Protection Bureau (CFPB)
Office of Servicemember Affairs
Washington, DC
Hollister.Petraeus@cfpb.gov

Patcho N. Santiago, MD, MPH
CDR, MC, USN
Program Director, National Capital Consortium — Psychiatry
Walter Reed National Military Medical Center
Bethesda, MD
patcho.n.santiago.mil@mail.mil

Bud Schneweis, CFP
CAPT (Retired), USCG
Director, Military Financial Readiness
FINRA Investor Education Foundation
Washington, DC
bud.schneweis@finra.org
Brett J. Schneider, MD
Director for Behavioral Health Services
Walter Reed National Military Medical Center
Bethesda, MD
Brett.J.Schneider2.mil@mail.mil

Eric B. Schoomaker, MD, PhD
Professor and Vice Chair for Leadership, Centers, and Programs
Department of Military and Emergency Medicine
Uniformed Services University
eric.schoomaker@usuhs.edu

Anthony J. Stamilio, MBA
Deputy Assistant Secretary of the Army
(Civilian Personnel and Quality of Life)
U.S. Department of the Army
anthony.j.stamilio.civ@mail.mil

Barbara A. Thompson
Director, Office of Family Readiness Policy
Office of the Secretary of Defense
Military Community and Family Policy
Barbara.a.thompson148.civ@mail.mil

Robert J. Ursano, MD
Professor and Chair, Department of Psychiatry
Director, Center for the Study of Traumatic Stress
Uniformed Services University
Bethesda, MD
robert.ursano@usuhs.edu

Shelley MacDermid Wadsworth, PhD
Professor, Department of Human Development and Family Studies
Director, Center for Families
Director, Military Family Research Institute
Executive Director, Family Impact Institute
Purdue University
West Lafayette, IN
shelley@purdue.edu

Adam K. Walsh, PhD, LCSW
Subject Matter Expert
Department of Defense Suicide Prevention Office
Arlington, VA
Adam.k.walsh.civ@mail.mil

Curt West, MD
CAPT, MC, USN
Assistant Professor of Psychiatry
Assistant Chair, Department of Psychiatry
Scientist, Center for the Study of Traumatic Stress
Uniformed Services University
Bethesda, MD
james.west@usuhs.edu

Gary H. Wynn, MD
LTC, MC, USA
Associate Professor of Psychiatry and Neuroscience
Assistant Chair, Department of Psychiatry
Scientist, Center for the Study of Traumatic Stress
Uniformed Services University
Bethesda, MD
gary.wynn@usuhs.edu