Civilian Medical Resources Network
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Dear Friend,

I'm writing to wish you a good new year and beyond, but also to ask your advice about a current challenge that we are facing at the Civilian Medical Resources Network (CMRN).

About 11 years ago, colleagues and I organized this civilian-sector, voluntary network that tries to address the unmet medical and mental health needs of active duty military personnel. As you know, this group of people is at high risk of suicide (currently averaging about one per day) and a variety of physical and mental health problems deriving from their military experiences.

We're having a continuing increase in referrals, but unfortunately three of our regular volunteer women therapists have needed to take leaves of absence due to serious health reasons that they or their family members are experiencing. In addition, a fourth volunteer needs to take a leave due to unexpected challenges of his practice, partly related to his work with members of the Orlando, Florida, community after the shootings there.

I'm wondering if you and/or others you know might be interested in volunteering.

We can tailor make therapists' responsibilities based on their preferences and schedules. Usually people take call one week every six weeks more or less. During that week, a therapist usually receives one or two referrals. We try to respond to GIs who are stationed anywhere in the U.S. and also at times in Europe and even Afghanistan or elsewhere. Most of the contacts between therapists and clients are by phone, Skype, or FaceTime. Before a therapist contacts a client, an intake volunteer clarifies the objectives and completes an interview that includes brief diagnostic instruments (PHQ and PTSD checklist), which provide validated mental health and substance use diagnoses and also help estimate risks of suicide and violence. The therapist tries to

meet the client's needs as stated by the client and the counselor from the GI Rights Hotline who initially referred the client to us. Usually the therapist talks with the client 2 or 3 times by phone, confirms the diagnoses and risks, provides brief therapy, and when needed writes an assessment (with the help of templates we have developed) that can assist with discharge proceedings, reassignment, obtaining further physical and/or mental health services, and so forth. For some clients, our therapists try to assist in finding civilian-sector therapists locally who can continue to work with the clients over a longer period of time.

Our therapists generally find these experiences extremely gratifying, as very fragile and high-risk GIs transform favorably when they obtain services that they have not been able to receive in the military.

We would very much like to discuss our work with therapists who may be interested, and we will be able to use flexibility in assuring that participating therapists do not experience too much stress or burnout.

Further information appears at our website (http://www.civilianmedicalresources.net), which we are currently updating. We can provide additional presentations (for instance to the American Public Health Association last fall) and an article if that might help… I don't want to give you more information than you think will be helpful.

We look forward to your response and will be glad to address any questions or concerns.

Please let me know your thoughts when convenient.

Many thanks and good wishes,

Howard

Howard Waitzkin
Distinguished Professor Emeritus
University of New Mexico