



# CIVILIAN MEDICAL RESOURCES NETWORK

## **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 15 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.

As we are upon a new year, our vision to offer quality and accessible healthcare services remain our top priority. We have had the pleasure and privilege of working with a myriad of physicians, psychologists, psychiatrists, social workers, mental health counselors, and psychotherapists as in-network providers. Very few has stayed around, and many have kindly moved to other pursuits. Unfortunately, due to personal health crises, family-related health concerns, unexpected challenges in professional work life, and other reasonable circumstances inhibiting commitment and availability, our in-network provider population has not surpassed three. What we are asking, humbly, is to consider sharing your professional expertise and clinical field experience to this organization whose mission and duty is to support underserved, inadequately treated military community members. 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 GI Rights Hotline counselor who initiated the referral for support. Usually the therapists virtually communicates with the client 2-3 times, confirms the presenting problems and concerns from the intake documents, crisis intervention (if needed), conducts a clinical assessment, provided short-term, brief therapy, and if requested, produces clinical documentation (psychological assessment templates provided by CMRN) that can assist with other designated physical and mental conditions discharge, VA discharge review boards, VA disability compensation claims, and so forth. For some clients, our therapists try to assist in finding local civilian therapists who can deliver long-term care and treatment.

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