

STATEMENT OF GEORGE AKE, III, PH.D.

“Building Bridges between VA and Community Organizations to Support Veterans and Families”

House Committee on Veterans Affairs, Subcommittee on Health

February 27, 2012

Good afternoon, Chairwoman Buerkle, Ranking Member Michaud, and members of the subcommittee. Thank you for the opportunity to testify on behalf of the 154,000 members and affiliates of the American Psychological Association regarding the collaboration between the Department of Veterans Affairs and community organizations to support veterans and their families.

As a child psychologist at Duke University Medical Center and with the National Child Traumatic Stress Network, my work focuses on assisting children and families who have experienced traumatic life events, including military combat and its aftermath. I am honored to speak with you today about the collaborative work that I and my colleagues are engaged in to support our Nation's military and veteran families.

Collaboration among all sectors of society is needed to support the health and well-being of veterans and their families. This includes key partnerships with policymakers, government agencies, universities, the health care community, and the faith-based community.

Scientific evidence continues to identify psychological and neurological disorders, including posttraumatic stress disorder, depression, suicidal ideation, and traumatic brain injury as some of the signature wounds of recent conflicts. While psychologists and other health professionals play an essential role in helping veterans and families to address these challenges, partnerships and collaborations with other sectors of society are also critical.

While there are numerous specific programs for veterans and their families, many families rely upon the support of faith-based providers as a first point of contact. The members of this community who are here today will address these issues, but I want to underscore the extraordinary value of our collaborative mental health work with faith-based providers related to military and veteran families, a partnership which enriches our work in many ways.

I would like to express my deep appreciation to you, Chairwoman Buerkle, for your leadership in advancing collaboration between the mental health faith-based communities and military and veteran families. The unique military and veterans mental health workshop that you hosted for faith-based providers in your District in December served as a wonderful example of the collaboration that is possible across sectors. I was honored to join the distinguished panel of experts that you assembled. Such events help to break down barriers and foster partnerships that

benefit veterans and their families. Replicating this training in other congressional districts could serve as a valuable resource.

Collaboration between military and faith-based and other community systems is especially important as we consider 2010 Department of Defense data which estimates that 44 percent of the 1.4 million active duty and National Guard-Reserve personnel who deployed to combat missions as a part of OEF, OIF, and OND are parents. DOD also estimates that nearly 2 million children in the U.S. have parents who are active duty or Reserve personnel, many of whom have experienced multiple combat deployments.

Some military families face severe challenges during reintegration, such as a parent who returns changed due to the winds of war or financial hardship, homelessness, marital discord or violence and other difficulties. Still other families experience the grief and loss associated with their loved one's fatal combat injury or even suicide. These findings highlight the necessity of considering the context and challenges for children and families of veterans, as well as the role of the family in facilitating a successful transition to stateside service or civilian life.

To support veterans, their families need easy access to collaborative programs and supports through VA and many other service sectors. As a member of the National Child Traumatic Stress Network, we are proud to contribute to such efforts.

The NCTSN is an initiative launched by Congress in 2000 to develop a national collaborative network to improve best practices and standards of care for children and families affected by traumatic stress, including military families. Our 130 centers in 40 States collaborate with many organizations, including the VA, DOD, the National Guard, the American Psychological Association, faith-based organizations, and many others.

We offer evidence-based interventions, educational materials, curriculum for civilian providers, and much more, all available on the Web site. My written testimony offers many specific examples of this work, including a Welcome Back Veterans program at the Duke University for training community clinicians, a collaboration with the VA's National Center for PTSD to train providers, including military chaplains, on acute stress interventions, collaboration with the military chaplains, and a family resilience program called FOCUS now being used at more than 20 military installations, a partnership with the TAPS Program to help military families after the death of a loved one, and the ADAPT parenting program for Reserve families in Minnesota.

In conclusion, we have seen the collaborative efforts between the military and veteran communities and partners such as faith-based providers, mental health professionals, and others have yielded effective services for our military and veteran families. The American Psychological Association, Duke University Medical Center, and the National Child Traumatic Stress Network all stand ready to continue our collaborative efforts with the subcommittee, the VA, the DOD, our community based partners, and the military and veteran community to address these important issues.

Thank you for the opportunity to speak with you today and for your leadership and commitment to our Nation's veterans and their families.

