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STATEMENT OF G. ANTHONY BARRICK, PHD, TONY BARRICK PSYCHOTHERAPY,  
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BEFORE THE SENATE COMMITTEE ON VETERANS' AFFAIRS

HEARING ON AUGUST 17, 2007

Senator Murray and Committee, thank you for the opportunity of addressing mental health needs of military members and their families who are dealing with the stress of service in this time of war.

I am a Washington State Licensed Mental Health Counselor in private practice in Seattle. I have over 30 years of experience, including civilian service as a Supervisory Psychologist, U.S. Navy, and Counseling Psychologist, U.S. Army.

I helped establish the Individual Augmentee (IA) Support Program at Naval Station Everett, and the IA Support Program for Navy Region Northwest (NRNW). These programs provided education for Pre-Deployment Sailors and Family Members about their upcoming separation issues, potential effects of being exposed to traumatic events, and local support resources. For Post-Deployment support, we provided initial IA Returning and Readjusting Meetings (IARM) for Sailors and Family Members within five days of the Service Member's return. Subsequent to the initial meeting, Sailors were required to follow-up in IARM Groups at 60, 90, and 120 day intervals, for a total of four sessions.

Not surprisingly, most of the IA returnees minimized and denied experiencing traumatic events. A handful, however, did share their stories and current impact on their lives, such as sleeping disturbances, nightmares, increased impatience and anger, and relationship problems with their families. Some were experiencing symptoms of Post Traumatic Stress Disorder (PTSD) and others Traumatic Stress. I worked with IA sailors in separate counseling when the sailors desired it. This, however was very rare.

It was my experience that most active duty sailors viewed mental health counseling to be a stigma against their personhood and/or their military career. They were reluctant to seek mental health counseling, viewing it as a threat, rather than a tool to assist in their well-being and their career.

This reticence was prevalent even within the educational IARM Groups.

In my three years with the IA program at Naval Station Everett, approximately 75 sailors were deployed/returned, and 30 of those attended at least one IA Returning and Readjusting Meeting. Three sailors requested supplemental counseling assistance. Others could have benefited from mental health counseling as a result of their deployment experiences. They declined follow-up services. I believe they were afraid of the stigma attached to seeking counseling, the fear that other military members would become aware of their counseling, the fear that their military careers would be threatened, and the anxiety that most people who have been traumatized have: the fear that something is wrong with them. Living uncomfortably with fear was less scary than admitting to themselves and others that something was wrong.

There is stress on military families, and acute stress on families where the service member is in harm's way. Mental health services can help. I would like to make some recommendations to reduce the stigma and increase the access rate of mental health counseling:

1. Increase availability of mental health education to military members and their families.
2. Increase leadership participation in and referrals of military and family members to educational programs.
3. Increase leadership referrals of military members to mental health counseling when service members exhibit early signs of stress.
4. Increase opportunities for service members to remain anonymous when seeking mental health services.
5. Allow service members to go directly to TRICARE rather than through the on-base referral manager.
6. Allow TRICARE to provide marital and couples counseling. (Spouses typically experience the secondary effects of their partner's trauma, and may be influential in getting early treatment.)
7. Promote Congressional action to remove physician referral and supervision requirements for mental health counselors treating TRICARE beneficiaries. This would increase the pool of qualified clinicians for the "surge" in need.
8. Augment TRICARE with a specialized "Employ Assistance Program" that retains anonymity.
9. Rapidly implement employment of licensed mental health counselors to be mental health professionals at Veteran Affairs facilities.

Finally, the process of healing is long-term. We must continue to simplify and demystify the mental health process for service members and their families -- providing support and resources, educating and planting seeds of renewal.

Thank you for seeking ways to support our military families.