

# In the Spotlight: Mark Russell

BY MARILYN LUBER, PH.D.

## A Warning



*"The importance of Institutional Military Medicine's (Veterans Administration [VA] and Department of Defense [DoD]) 'anything but EMDR' research ban cannot be overstated in terms of the future of EMDR and mental healthcare. Historically, when it comes to mental health, 'as goes the military, so goes the nation,' in reference to the influence of lessons of war trauma, even if those lessons are faulty." -Mark Russell*

Mark C. Russell strikes a somber note whenever he speaks about the Military, EMDR and the future of EMDR in the military and private sectors. It is a message that we would do well to heed as it speaks to the core of the work that we do. It is a warning to the EMDR community about the necessity of conducting randomized controlled trials (RCT), the gold standard for clinical trials, to test the efficacy and/or effectiveness of EMDR intervention with a patient population. Without RCTs, we will be relegating ourselves to a minor role in the history of psychotherapy.

As a military spokesperson, Mark Russell has impeccable credentials from the circumstances of his birth into a military family, his upbringing on military bases nationwide, his experience as a Marine and later a U.S. Navy commander and experience as a board-certified clinical psychologist. His father, Charles Marion Russell, was born in the Great Lakes region of Montana. He enlisted in the Marine Corps in 1948 and was a veteran of the Korean and Vietnam Wars. His mother, Yvonne Dionne, was French Canadian and was volunteering in San Francisco at a USO event when she met Charles. They corresponded during his Korea deployment and married when he returned in 1952. They had six children: Vivian, David, Mark, James, Brian and Robert. David, James and Brian all served in the Air Force.

During the early years, the Russell family moved every three years. While Charles was in Korea and later Vietnam, they moved two/three times per year. For Mark, this was a lesson of learning to adapt to change. The downside was that he also learned not to put down roots or get close to people because, after a short while, he would move and never see them again.

As a child living on a military base during wartime, Mark saw firsthand the vicissitudes of war. It was the custom during the Vietnam War at military base schools to announce the names of parents who were killed over the loudspeaker. He remembered that the other students were asked to put their heads on their desks, while the child whose parent had died would be greeted at the door by a group of adults. Mark would peek and see the look of concern on his teacher's face and know that something was not right. One time, it was his best friend who was called and was soon taken away as the big trucks came to move the child's family. These types of experiences impacted Mark deeply and created a rationale to work with children when he chose his career.

Living on bases during times of war and peace, Mark saw the effect on the troops. When his father would come back from war, he did not look the same as he did before his departure. His father did not drink, or get angry or have difficulty at work, but Mark noticed that he seemed detached and that his mind was off somewhere else. From a child's perspective, he thought he might have had something to do with it and his father's detachment saddened and confused him. It also helped form his decision to go into the military and work with soldiers who had been subjected to war stress.

Mark's dream from a young boy, and into college, was to be a baseball player. He had a partial scholarship to Pepperdine University, but when he got there he found out that there were others who could hit and throw much better than he could. He got distracted from his studies by the novelties presented to him while on his own and, in 1979, dropped out of school and enlisted in the Marines. He was struck by the issues of the time: the effect of Vietnam on his instructors; the race riots; and the attempt to integrate women into the military and the sexual harassment that they endured. His first encounter with trauma was when two pilots from his squadron landed their plane on wet ground, one was decapitated and the other survived. He could see the effect of this trauma on the survivor. When he tried to get back into his aircraft, his knees buckled and he would start trembling. No one would have said that this man was predisposed to be like this, but in 1980 there was nothing published and the military did not recognize Posttraumatic Stress Disorder (PTSD) as a diagnosis. Mark's first-hand experience with trauma convinced him of its existence.

During his 10 years in the Marines, he served in the Philippines during President Marcos' years, at the Marine Barracks in Lebanon, in Japan where he met his first wife, and in California where he continued his education. He resonated with David Viscott's "The Making of a Psychiatrist" and started taking courses in Psychology. His superiors supported his studying for his degrees and in 1984 he got his BA in Psychology from Chapman College and started his MA in Counseling Psychology. He decided to leave the Marines in 1989 to finish his MA and do his Ph.D. in Clinical Psychology at the Pacific Graduate School of Psychology. In 1991, he received his MS in Clinical Psychology from the same school. His ever-present goal was to work as a psychologist in the military assisting troops and their family.

On completing his MA in Counseling Psychology, Mark and his family moved to Palo Alto for his doctorate. He began working at the Mental Research Institute (MRI). Mark was deeply rooted in Cognitive Behavioral Therapy (CBT) so he was skeptical when he saw a flyer for EMD that offered trauma treatment in a single session. However, when he viewed Francine Shapiro's videos, after seeing a presentation at MRI, he observed that it was an effective way to treat trauma and that she was getting profound results in a short period of time. He wondered if it was too good to be true and if it would stand the test of time. He decided to ask Francine if he could be her Research Assistant so that he could find out for himself, learn more about it and be in the forefront of something new and groundbreaking. She agreed. His duties involved the design, implementation and analyses of her research on utilizing Eye Movement Desensitization and Reprocessing (EMDR) procedure for the treatment of psychological trauma. He enjoyed trying to piece together the puzzle. To him, it was obvious that it worked but not why it worked. He appreciated that her syncretic theory tried to describe what was happening from different perspectives. However, what was most compelling about EMDR was that it was a treatment method that was amenable to military culture and the warrior class because it was quick, low-tech, portable, effective and did not require much talking or disclosure of detail. He was excited about taking EMDR into his military career. He was Francine's Research Assistant for two years and then became a Clinical Psychology Intern and Staff member at the Department of Psychology, Naval Medical Center in Portsmouth, VA. There he completed his APA approved pre-doctoral internship involving inpatient, outpatient, consultation, behavioral medicine and psychological assessment for diverse clinical populations.

Mark's dissertation was on "Attentional Focus and State-of-Mind in Post-Traumatic Stress Disorder Among Vietnam Combat Veterans". This began a journey of understanding that went beyond academic knowledge. Through his conversations with his father, he developed an understanding about the father he had as a child. His father's willingness to discuss how he was affected by his Vietnam experience helped Mark understand the ripple effect of how his father had related to all of his family members and helped him heal the chasm that had built up between them so many years before that. His father's links to vet agencies assisted him in interviewing hundreds of vets and was instrumental in Mark's understanding of the repetitive nature of this problem across generations. At this time, he vowed to dedicate his life to stopping this discarding of the men and women who serve their country.

Mark was the first Navy Psychology Intern selected for a post-doctoral fellowship in 1984. From 1994-1995, he received a Medical School Post-Doctoral Fellowship in Clinical Psychology in the Department of General Pediatrics at Children's Hospital at Harvard. There he received extensive specialized training, supervision and experience performing neurodevelopmental, neuropsychological and psychological evaluations for children in infancy through 18 years and their family members.

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In 1995, Mark went from being a Marine to joining the Navy and becoming a “squid”, as there were no medical facilities in the Marines. It was a shock to go from the clean-cut appearance of the Marines to seeing sailors wearing beards and looking like pirates! His first post as a Staff Adult and Child Clinical Psychologist was at the Director of the Educational and Developmental Intervention Services (EDIS) at the Naval Hospital in Yokosuka, Japan where he was responsible for a multidisciplinary staff of 65. He was charged with providing a full range of mental health services to active duty adults and their families. He also was involved with policy and procedures for special needs programs and community response to child and adult sexual assault victims in Japan and managed the Substance Abuse Rehabilitation Programs. After the Kobe earthquake, the Department of Psychiatry at Waseda University asked him to train 100 clinicians about PTSD as well as conduct six workshops at Tokyo University for Japanese psychiatrists on trauma treatment. For his work, he was awarded Navy Commendation Medals. He also published a research article on combat PTSD in a peer-reviewed journal. During this time, he was teaching undergraduate and graduate courses at the University of Maryland’s Japan branch on subjects related to clinical psychology. Mark felt that he had come full circle from being a child on the base to being the Director of EDIS where he could make a difference for the children in his charge and also tend to the repair of his own early experience

where no one recognized the suffering of military-born children.

Mark found that his warrior class teachings of respect for the colors and those who came before him resonated with the Japanese culture whose members also honored their ancestors and the old traditions. There were times that he felt the stigma of being an American when he was not allowed to go into certain bars or restaurants. Ga-jin (foreigners) were not allowed and he felt different. Since the bombings during WWII and the subsequent occupation by American forces, Japan has been submitted to an American footprint. During his experience in Japan, Mark’s eyes opened to the cultural differences and the difficulties of raising a bi-cultural family where one foot is in and the other out of the culture.

In 2000, his beloved wife, Masai died from cancer. In 2001, Mark brought his boys back to Washington where he was the Staff Adult and Pediatric Clinical Psychologist and Head of the Adult and Pediatric Mental Health, Neurology and Substance Abuse Rehabilitation Program Departments at the Naval Hospital in Bremerton. He returned on the eve of 9/11 and assisted the military in mobilizing for war. During this time, he met his second wife, Mika, and after a short time together, he deployed to Rota, Spain, to serve as the Head for Mental Health for Fleet Hospital Eight deployed in support of Operations Enduring and Iraqi Freedom. During this time, Mark developed an innovative combat-stress management program resulting in proactively screening 96% of the 1,341 medical evacuees for war stress injuries; conducted post-deployment briefings for 942 evacuees; established a Reconditioning Unit returning 63% of the evacuees back to full-duty and thereby exceeding the 10% expected; conducted the first-ever military PTSD training survey that identified 90% of the 110 clinicians had received no training on evidence-based treatments per the DVA/DoD 2004 practice guidelines as cited by the 2007 DoD Task Force on Mental Health; and developed, organized and conducted a joint DoD/VA regional training program that resulted in 250 clinicians trained within six months on evidence-based PTSD therapy (EMDR) with savings of over \$250,000. These accomplishments were in addition to the work that he was doing in support of assessing children with serious developmental, emotional and behavioral problems, his work on the Child and Spouse Case Review Committee for childhood abuse and domestic violence, the development of a Provider Wellness Program and publishing two research articles on combat –related mental health interventions.

On August 26, 2005, Mark was awarded the Meritorious Service Medal by the President of the United States, George W. Bush: “Widely recognized as a national expert in the area of PTSD and therapeutic technique of EMDR, Commander Russell’s most far-reaching impact has been through his tireless efforts to address combat-related trauma.”

It was at this time that Mark slammed into the ten-generation cycle of the institutional barriers that would prevent, and have been preventing, the military from treating war stress injuries. The first hint came as they were preparing to deploy and went into training to simulate mass casualties and gunfire overhead. His team was to treat a female corporal who was dressed in a “costume”, not representing anything that would convey the seriousness of the situation. The next clue was being told by the Medical Director, one month prior to deployment to Spain, that they did not know why mental health providers were being deployed. However, the tip-off was after creating an innovative stress screening for evacuees that allowed for the troops to return to their posts at significantly higher numbers than ever seen before. They proudly presented the results of their field hospital’s work to the Navy’s Surgeon General. He then told them, “This is very impressive. Unfortunately, it will all be forgotten.”

At that moment, everything came together for Mark. The interviews that he had done with WWII, Korea and Vietnam vets on the neglect of their traumatic stress injuries, the lack of training in preparation for his team’s deployment to Spain to the point of offensiveness and his superior officer’s dismissive comment concerning all that his service had done to care for the troops. This was the moment that Mark became the whistle blower on the military’s dereliction of duty in caring for their own.

In 2003, Mark submitted his first Official Report to the Bureau of Surgery and Medicine on the “Standardization of Navy Medicine management of combat-related stress and utilization of mental health assets during fleet hospital and other operational deployments”.



This was followed in 2005 by a survey on DoD mental health treatment that was submitted to the Bureau of Surgery and Medicine mental health specialty leaders. In this survey, 110 military mental health providers indicated that 95% had not received any training or supervision on any of evidence-based PTSD treatments “highly recommended” by the Department of Veterans’ Affairs (DVA) and DoD (2004) Clinical Practice Guidelines for Treatment of Post-traumatic Stress Disorders. Later that year, he sent an Official Memorandum to the Assistant Secretary of Defense for Health Affairs for additional recommendations to prevent a mental health crisis that included: Creation of regional research, training and treatment centers in DoD specializing in the full-spectrum of war stress injury. He also recommended a significant increase in mental health staffing levels and retention bonuses, improved tracking methods, ramped up research funding and the development of standardized assessment protocols.

In 2005, Mark returned to Japan to be the Staff Adult and Child Clinical Psychologist for family members and children from birth through 21 years old. He was given the following responsibilities: provide mental health and deployment-related services to a base population of approximately 5500; conduct the assessment of special needs children; train psychologists; teach the Japanese community about early intervention; and improve post-deployment services and enhanced public awareness and community support for deployed personnel and teaching about PTSD and EMDR in the Pacific region. He also published eight research articles on war-related training and treatment and was awarded the Distinguished Psychologist Award by Washington State Psychological Association.

In 2006, Mark and Mika made a joint decision to speak out despite the possibility of reprisal and that his career could be grievously affected by his actions. They decided that they could no longer be complicit and morally live with themselves. This was the only option they had left. Mark submitted a grievance to the Navy Inspector’s General Office calling for the investigation of inaction by military leaders on his previous official reports and memoranda. In 2006, Mark was invited to testify before the Congressionally-mandated, Department of Defense Task Force on Mental Health where he gave solutions to address the current mental health crisis and to prevent future failure to meet mental health needs. By 2007, he was tasked to develop a Navy Medicine PTSD training program that was successfully pilot tested but the recommendations were not acted upon.

In May 2007, Mark filed an official grievance against the United States Navy for unlawful reprisal under the Military Whistleblower Protection Act. He asked the DoD to investigate the inaction of military leaders to prevent or mitigate mental health crises needing significant increases in staffing and retention, research, assessment, training, tracking, treatment access and creation of regional centers. He filed several more requests for the unresolved grievances with no success.

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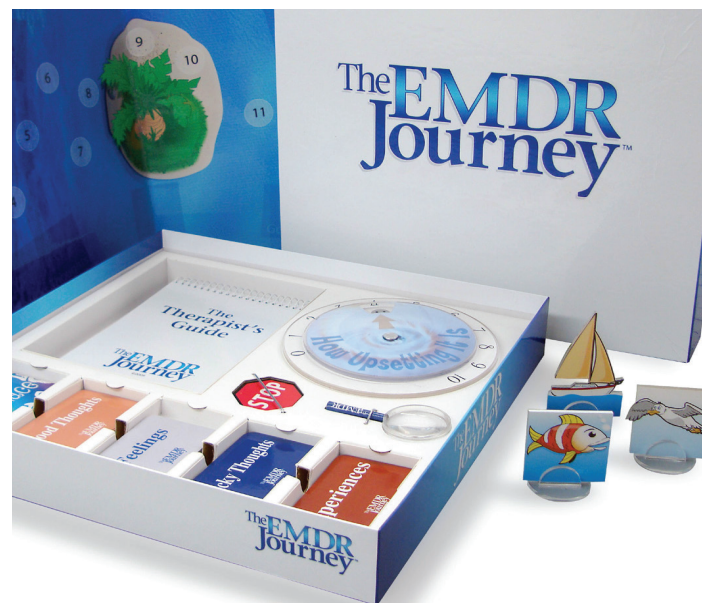
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Despite his work accomplishments in the field, his publications, his presentations, his teaching about PTSD to his colleagues, his documented expertise in war trauma, his military lineage, the media attention, the Meritorious Service Medal from the President of the US and all of Mark's other efforts, he could barely budge the institution. Eventually, Congress passed the Wounded Warrior Act and created new legislation. As Mark reflected, "It takes an act of Congress or a Presidential decree to make the medical profession to do what it needs to do, despite an epidemic of lives destroyed and nothing done. The shame of this situation is in every generation –each crisis- the post war lessons learned are part of the official record. It is a cycle that repeats itself: we knew better, we did not plan, we did not train and there has never been a single inquiry through the centuries by Congress or the media to question, 'Why?'"

By 2008, Mark had his own experience with trauma and/or compassion fatigue. He was at home when suddenly his eyes fixated, his visual field blackened, he became mute and could not move. It took several hours for his symptoms to pass and he learned the true meaning of trauma from the inside of a stress injury. At the time, he was living in Japan and the only Clinical Psychologist responsible for approximately 6,000 people who were coming out of the war zone, landing in Japan with no debriefing and quickly falling apart. By 2009, he went from being one of the highest performing Commanders in the Navy to the lowest.

In July, 2009, Mark transitioned into civilian life. He returned to Washington state where he is currently the Chair of the Psy.D. Program and core Psy.D. Faculty at the School of Applied Psychology Counseling and Family Therapy at Antioch University in Seattle. He continues to teach, sit on the Institutional Review Board and conducts colloquia on compassion fatigue. He established the first-ever Institute of War Stress Injuries and Social Justice to investigate and end cyclic failures in meeting military mental health needs.

To the EMDR Community, Mark has this to say:

*In the 21st century war generation, billions of dollars have been spent by VA/DoD PTSD researching mainstream CBT (e.g., CPT, PE) and psychopharmacology (e.g., Ecstasy), as well as a host of alternative approaches (e.g., Reiki massage). The controversial findings from a 2010 Institute of Medicine review of PTSD treatments and VA meta-analysis of psychotherapy research on combat-PTSD (e.g., Albright et al., 2010), reveals a telling trend toward evaluating the evidence of therapies specific to type of trauma (e.g., war, rape, etc.), and concluding that EMDR lacks sufficient empirical support-which is tragically an accurate statement. Keeping the specificity trend in mind, aside from Carlson et. al's (1998) randomized controlled trial showing 77% of Vietnam veterans no longer met PTSD criteria, the last VA sponsored EMDR research, and only 1 of 2 funded trials by NIMH (the other being van der Kolk et al's 2007 blind, placebo control favorably comparing EMDR over Prozac), the VA/DoD policy banning EMDR research over the past 12 war years, ensures future revision of the VA/DoD (2010) clinical practice guidelines AND probably every other practice guideline, will reach the conclusion that there is inadequate empirical support of EMDR efficacy in combat-related PTSD. This will profoundly impact the future availability of EMDR training and treatment access in military populations. The circularity of the logic to exclude EMDR in VA/DoD is blatant and never challenged by IOM or the Government Accountability Office (2011). The very federal agencies responsible for researching PTSD treatments like EMDR (VA, DoD, NIMH), cite justification for excluding EMDR based on the paucity of research. Already, the VA has justified its exclusion of EMDR research, training and access via its (2008) Handbook of PTSD treatments with impunity (e.g., GAO, 2011).*

*How does all of this affect the future of EMDR? The diagnostic construct of "PTSD" was legitimized by the APA (1980) primarily due to war trauma. The American government is primarily concerned about PTSD from war, than any other trauma type because of the exorbitant costs involved with disability pensions. Therefore, the federal government's investment and conclusions of PTSD treatment research ultimately determines the credibility and proliferation of those treatments. In short, the absence of EMDR research in VA/DoD (and NIMH), will serve to condemn EMDR to permanent secondary or tertiary status within federal agencies and academia. Inevitably, the absence of EMDR research will lead DoD to adopt the VA's Handbook of PTSD treatment, and EMDR trainings will cease.*

*What should concerned others do? Contact congressional representatives and demand EMDR research by VA, DoD, and NIMH, as well as contact national news media and documentary film crews about a national scandal. Those who truly care about the future viability of EMDR must make their voices heard NOW before the American war ends in late 2014. By-stander effect guarantees a bleak future for EMDR and mental healthcare. Speak up!"*

Mark has published 13 research articles in peer-referenced journals, three book chapters on war and stress and co-authored, "Treating Traumatic Stress Injuries in Military Personnel; An EMDR Practitioner's Guide" with Charles Figley. He often writes for the Huffington Post on military issues and the mental health crisis. He is an EMDR Institute Trainer and Consultant for the Department of Defense. He is a frequent presenter at conferences speaking about compassion fatigue, traumatic stress injuries, mental healthcare and the DoD, parenting, using EMDR with children and the assessment and treatment of PTSD. He has been interviewed on TV and for newspapers. He also sits on the Editorial Board of the Journal of EMDR Practice and Research and reviews articles for other trauma-focused journals.

Mark noted that he does have a life outside of EMDR and the Military. He continues his passion for baseball and sports in general. He enjoys music, watching movies, science, astronomy, paleontology, microscoping and anything he does with his wife and kids. He has three children in the Navy and the Marines on active duty.

Mark's dedication to the healing of traumatic stress injuries is deeply rooted in his psyche and will not let him cease until he finds an answer. It is time that we join with him to move his vision forward and accomplish the task of healing our wounded warriors – whomever and wherever they may be. ❖