



ON THE FR

Kathy Sharpe Jones '79 tends to the emotional and mental health of troops stationed in Iraq.

Kathy Sharpe Jones '79 lives and works in a tent on a forward-operating base near Najaf, Iraq. A 9 millimeter pistol is strapped to her hip “nearly 24/7.” When she leaves the base on a convoy, she’s required to be in “full battle rattle—weapons locked and loaded and wearing body armor and helmets.”

A U.S. Army major, Jones is the psychologist member of a Combat Stress Team, a relatively new approach for tending to the mental and emotional health of troops stationed in war zones. Her job: to help treat troops for and educate

By John Greenya

them about combat-related problems that can range from nightmares and anxiety to anger management and even suicide.

Though her primary focus is prevention—teaching classes on recognizing signs of stress, relaxation techniques, coping strategies, etc.—Jones also does therapy and counseling with soldiers, sailors and Marines who are responding to everything from the jarring experience of losing a friend on the battlefield to “relationship problems, either with their peers here or with family members or significant others back home.” She and her team also work with senior military officials to identify morale and social welfare issues.

Day to day, Jones says, the work is “very much in line with what I did back home,” at the Atlanta VA Medical Center in Decatur, Ga., before her Army Reserve

Scholarship Program. Jones received a doctorate in philosophy with a concentration in psychology in 1986 and served in active duty with the Army until 1989, after which she worked as a counselor in a variety of settings, including Kilby Correctional Facility in Mount Megis, Ala., and the St. Louis VA Medical Center. At the VA hospital in Atlanta, she counseled veterans on smoking cessation, pain and weight management, health education and coping with chronic illness and disease.

“The Army,” Jones says, “has come a long way in dealing with stress,” broadening its focus from treatment after the fact to include education and prevention. In short, her goal is keeping soldiers “in the game, so to speak. Combat stress teams were used somewhat in the Gulf War,

Still, challenges remain. Getting time off to seek help was the number one barrier to treatment, the report states, followed by finding a way to get to a behavioral health specialist or not knowing where to find help. Fear of stigma also prevents many soldiers, including younger ones and those who haven’t seen direct combat, from seeking treatment, Jones says.

To help allay concerns, Combat Stress Team members are careful not to make any entries in soldiers’ medical records unless necessary. “If we start giving diagnoses and labels, [personnel] may be identified as being sick or abnormal,” Jones says. “Our philosophy is that combat stress is a normal reaction to an abnormal situation.”

Though her tour of duty could be extended, Jones is slated to return to the

States in June. In the meantime, the major, who is divorced, has communicated with her daughter Carmen, 16, and son Jonathan, 9, at least once per

week by telephone or e-mail. (The two children are living with Jones’ sister.)

To relax, Jones reads, watches DVDs and plays Scrabble. “If you don’t occupy yourself intellectually, or if you don’t have a strong spiritual foundation, this bad situation could be a lot worse. It helps to be kind of an egg-head,” she says with a laugh.

She also has kept in touch with her Williams classmates, who “adopted” her during Reunion Weekend. “They read a statement from me at the [class] dinner,” she says. “They send packages once a month. I’ve gotten e-mails, letters, and they’re in touch with my kids. It’s just been wonderful.

“We’re a close family at Williams,” she adds. “Kind of like the Army.” ■

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ONT LINES

unit was called up for a 12-month tour of duty. Though she never imagined she’d be spending her 25th Williams reunion 100 miles southwest of Baghdad, Jones can trace a direct line from her interests as an undergraduate to where she is today.

“When I entered Williams, I knew I was interested in psychology and in writing, so I didn’t know if I was going to be a journalist or psychologist,” says Jones, who was a member of the Black Student Union and a junior advisor. By junior year, after taking classes on “Learning and Motivation,” “Human Learning and Cognition,” and “Behavior Disorders,” she says, “I pretty much knew I wanted to pursue psychology, and I focused on clinical psychology.”

She graduated with majors in English and psychology and attended graduate school at George Washington University under the Army Health Professions

quite a bit more in Somalia and Kosovo, and were and are still used in Bosnia. We’re learning from each conflict.”

Through prevention and treatment “in theater,” teams including social workers, psychiatrists, occupational therapists, medical personnel and clinical psychologists like Jones can “provide the individual with tools needed to learn to manage and understand the stress reaction, can help him or her talk through the painful experience and, thus, keep it from coming back later to haunt the service member,” according to the Army report “Coping with Combat Stress.”

The report cites a summer 2003 study in which 77 percent of U.S. soldiers in Kuwait and Iraq reported mild or no stress problems while in the field. Of those seen by members of combat stress teams, 70 percent to 90 percent of service members “are returned quickly to duty.”