TO CARE FOR THOSE WHO HAVE BORNE THE BATTLE:
A PRIMER FOR BEHAVIORAL HEALTH PROVIDERS WHO SERVE OLDER VETERANS

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Sponsored by the Florida Alcohol and Drug Abuse Association, a subsidiary of the Florida Behavioral Health Association, and the State of Florida, Department of Children and Families
Objectives:

1. Participants will know about military ethos, some of the ways in which civilians are transformed into warriors, and difficulties in the transition back to civilian life.

2. Participants will know the characteristics of moral injury and late-onset stress symptomatology (LOSS).

3. Participants will learn how PTSD differs from moral injury, traumatic loss, and LOSS.

4. Participants will be able to conduct an assessment of military service and veteran status.
“MOST SCHOLARSHIP ON AGING IS BASED ON COHORTS...[WHO] HAVE HAD SIGNIFICANT EXPERIENCE WITH WAR.”* WARTIME EXPERIENCES MAY THEREFORE BE CRITICAL BUT LARGELY HIDDEN VARIABLES UNDERLYING CURRENT SCIENTIFIC KNOWLEDGE OF AGING.

Question: Will this knowledge apply to current cohorts?

*Includes those who have served, as well as spouses and children.

(Settersten, 2006, p. 12)
Percentage of Americans who are Veterans, by Age and Gender

If a man >75 comes for services, he is likely to have served in the military.
Vietnam Veterans Are the Largest Veteran Group in the U.S.

Number of veterans in the U.S., by period of service (2010-2019)

Source: U.S. Department of Veteran Affairs/U.S. Census Bureau
• There has been no draft since VN. The current military is an all-volunteer, professional military.

• Greater roles for women and a greater number of women in the military. Greater use of Reserve/Guard

• Lessons learned in VN have been applied to post-VN military: better recognition and treatment of PTSD, better equipment and medical care → survival of wounds that would have been lethal in the past; training; deploying and returning as a unit.

• Distinction between support for the war and support for the warriors ("Never will our military be treated this way again!")
Culture: the sum of all tangible and intangible concepts, objects, and behaviors that make up a way of life. Culture is inescapable.

Ethos refers more narrowly to the values and guiding ideas that unite a group of persons who share a common identity.

Not everyone subscribes to an ethos, not everyone shares significant facets of his or her identity with a group of other, like-minded people.

Selflessness, stoicism, and an oath to protect and defend our national identity are a few components of the warrior ethos for men and women in the military.

Litz et al., 2016
Military/Warrior Ethos

- Military subcultures are more alike than they are different.
- Service members differ in how closely they identify with the warrior ethos during their time in uniform, though current professional, all-volunteer military may attract people who already have chosen the warrior ethos.
- Warrior ethos is highly spiritual at its core.
- Values: honor, courage, commitment, loyalty, duty, respect, selfless service, integrity, stoicism.
MILITARY/WARRIOR ETHOS

• Personal relationship with suffering. (Begins in basic training/boot camp.) Warriors do not enjoy suffering, but they find meaning in it. (May lead to an aversion to seeking help.)

• Personal relationship with death. “How do you describe the feeling you have when you’re looking at someone and knowing that you have the power to kill them or let them live? Knowing the answer.”

• Joy in fighting. “I loved hunting people (danger) and a little bit of a god complex. People nearly always like doing things that they are good at especially if they believe what they are doing is important.” Jim, Marine, Vietnam veteran

• Pride (esprit de corps).
Warrior Ethos
I will always place the mission first
I will never accept defeat.
I will never quit.
I will never leave a fallen comrade.
It is not unusual for veterans to see a hierarchy of service/non-service. (For some: served or didn’t.)

- Drafted/enlisted

- Saw combat (especially in a ‘named battle’, e.g., Tet ‘68)

- Served in a combat zone—behind the lines (“REMF”)

- Served in the non-combat zone, e.g., Europe, Okinawa

- Served in the US
• National Guard, Reserve (never called up/ deployed)
• Not drafted didn’t enlist, the number not selected
• Actively avoid draft or service
• Deferment (e.g., school, medical, Peace Corps)
• Conscientious objector
• Moved to Canada, went to jail (“draft dodger”); deserted
MILITARY SERVICE ≠ WARTIME SERVICE
WARTIME SERVICE ≠ SERVICE IN COMBAT ZONE
SERVICE IN COMBAT ZONE ≠ COMBAT
COMBAT ≠ PTSD
PTSD ≠ MORAL INJURY
RESILIENCE IS THE NORM
POST-TRAUMATIC GROWTH IS COMMON
RECOVERY IS POSSIBLE

Mundt, 2015
RISKS OF WAR

- Exposure to life-threatening trauma
- Traumatic loss
- Inner conflict from morally injurious experiences, such as killing or failing to prevent unethical behavior
RISKS OF WAR

What you saw/experienced (PTSD)

What you did (Moral Injury)

What you lost (Traumatic Loss)
Risks of War

Three Axes of Severity

- Regret/Grief/Complex
- Bereavement
- Moral injury/Axis Disruption
- Post-traumatic stress
Think “full-body”: memories are laid down in all sensory spheres
- Terrain: desert, urban
- Weather: heat, wind, humidity
- Songs, sounds
- Smells: olfactory memories
- People: automatic responses to persons who appear Middle Eastern

https://www.youtube.com/watch?v=bgpRw92d1MA
UNDERSTANDING TRIGGERS

SITUATIONAL TRIGGERS:

• Mimic feelings of helplessness, danger
• Invasive medical procedures
• Seclusion or restraint
• Waiting rooms—Military sexual trauma
TRIGGERS

- Prevalence of Improvised Explosive Devices (IED’s) in Iraq & Afghanistan
- Need for vigilance, evasive maneuvers
EXPOSURE TO TRAUMA

PTSD = Traumatic Event plus Symptoms:

- Experiencing traumatic event: Actual or Threatened Death, Serious Injury, or Sexual Violence
- Directly experiencing
- Witnessing in person
- Learning it occurred to a family member or close friend
- Experiencing repeated or extreme exposure to aversive details
Four Symptom Clusters:

- Intrusion symptoms, e.g., flashbacks, nightmares, memories
- Persistent avoidance of stimuli associated with a traumatic event
- Negative alteration in cognition and mood
- Marked alterations in arousal and reactivity
• In combat veterans there is a sort of “bulge” in diagnosing PTSD through the first three years post-combat, and almost as big a bulge 20 years later.

• Close to 17% of veterans have PTSD emerge for the first time later in life.

• Emergence of PTSD symptoms post-retirement has been noted to correlate with the onset of dementia.

✓ Score Points for PTSD Checklist: 43 for vets 21-49; 34 for vets 50-64; 24 for vets 65-81.

Horesh et al., 2013, Johnson, 2000; Petzel, 2015; Yeager & Magruder, 2014
LATE ONSET STRESS SYMPTOMATOLOGY (LOSS)

• Occurs in veterans with exposure to high stress combat who functioned well into middle-age—no chronic stress-related disorders

• Changes and challenges of aging → increased combat-related thoughts, feelings, memories, reminiscences, or symptoms

• LOSS is different from late-onset PTSD
LOSS VS. PTSD

- LOSS is more strongly associated with concerns about retirement and less strongly associated with depression and anxiety (stronger association for veterans >70).

- LOSS does not require clinically significant distress or disability and is more strongly related to subclinical symptoms of PTSD than to clinically significant PTSD.
LOSS is viewed as a process rather than an outcome, occurring as vets face normative late-life stressors, begin to engage more with past experiences, and attempt to find meaning and integrate memories into a coherent life story.

It is possible that vets who have more difficulty with this process develop late-life PTSD while those who more fully engage with the process may not.

Davison et al., 2006; Potter et al. 2013
COMORBIDITY IN COMBAT VETERANS

- Depression/ Psychiatric Distress
- Suicidal Behavior
- High Index of Divorce
- Marital Problems
- Tranquilizer Use
- Alcohol and Other Drugs Problems (AOD): 1.4% AOD history Nursing Home residents, 15-18% in veterans >55.

- Joblessness
- Homelessness
- Heart Disease
- High Blood Pressure
- Ulcers
- High rate of Sleep Deprivation/ Disorders
- Pervasive Hyper-Alertness
- Traumatic Brain Injury (TBI)

Mundt, 2015
In 2017, veterans accounted for 13.5% of all deaths by suicide among U.S. adults and constituted 7.9% of the U.S. adult population.

In 2017, over 17 veterans died by suicide each day.

After adjusting for differences in age, the rate of suicide in 2015 was 2.1 times higher among veterans compared with non-veteran adults.

Rates of suicide are highest among younger veterans (18–34) and lowest among older veterans (>55). However, Veterans >55 accounted for 58.1% of all veteran suicide deaths in 2015.

Dangerous combat experiences are not necessarily traumatizing for many military personnel and may have the least impact over their lifespan.

- Most threat-based stress reactions are mitigated by military preselection, tough & realistic training and preparation, military ethos, and military culture.
- Healed by military rituals, effective leadership, peer and social support
- Even beyond the fear of dying, playing an active, aggressive role in battle is a better predictor of chronic PTSD symptoms than other indices of combat.
Traumatic loss:

• Effects vary with the quality and dependency of the relationship and whether the loss was unexpected, especially if due to violence

• Guilt, particularly if service member feels responsible, they could have prevented the loss, or they could have saved the person

• Survivor guilt

• Accompanied by sadness (or numbness), rage, shock, anguish, withdrawal, haunted
Sometimes the loss isn’t only due to death. It may be that what is grieved is the loss of who the serviceperson was and will never be again.
Major differences in how veterans have been treated upon their return: WWI, WWII, Korea, Vietnam, Post-9/11

- Grief and bereavement
- Anger
- “Need for Speed”
Beyond fear or exposure to life-threatening situations, war exposes the combat veteran to morally questionable or ethically ambiguous situations.
Moral injury (MI) is a term used to describe a syndrome of shame, self-handicapping, anger, and demoralization that occurs when deeply held beliefs and expectations about moral and ethical conduct are transgressed/violated.

- Moral injury can arise from killing, perpetration of violence, depraved behavior, or failing to prevent serious unethical acts.
- Transgressions can arise from...acts of commission or omission, the behavior of trusted others, or by bearing witness to intense human suffering or the grotesque aftermath of battle, or betrayal.

Nash, 2007; Litz et al., 2016
TWO TYPES OF MORAL INJURY

Betrayal-based MI occurs:
1. When there has been a betrayal of what’s right
2. By someone who holds legitimate authority
3. In a high-stake situation

Perpetration-based MI occurs by:
Participating in or witnessing inhumane or cruel actions, failing to prevent the immoral acts of others…engaging in subtle acts or experiencing reactions that, upon reflection, transgress a moral code, [or] bearing witness to the aftermath of violence and human carnage
PRACTICAL AND ETHICAL CONCERNS

- Is this a Mental Illness or a Spiritual Condition?
- Does all “suffering” fall under the jurisdiction of science/medicine?
- Are we “medicalizing” morality?
- Are we diagnosing “normal” human experience?
PRACTICAL AND ETHICAL CONCERNS

• Spiritual Concerns (Is the act of killing in war sinful? Am I [still] a good person, or am I tainted? Can there be meaning to, or redemption in, moral suffering?)

• Political Concerns (Can any war be “Just”? Is war always a collective sin?)

• Who is society’s “expert” on Morality?

• How do we treat Moral Injury (or should it be “treated”)?
MORAL INJURY ACTION PLAN

• Psychoeducation - Awareness = validation

• Medicate judiciously - emotional/spiritual problem, grieving

• Peer support is essential – Vets get it! (validation from therapy groups, reconnection with battle buddies) (Lake County Veterans & Families Support Foundation, Rush Road Home Program)

• “Atonement therapy” – creative, individualized soul repair; can be combined with peer support, retreats, cadre work, action
Many ethical conflicts and moral violations are “outside the realm” of clinical expertise.

Some have suggested that the clergy should be “the first point of contact for people struggling with the aftermath of trauma.”

“soul wounds” “soul disorders” “soul injury”

spiritual/existential conflict leading to questioning or loss of meaning in life

“Did I commit murder?”

“Is God going to forgive me?”
PASTORAL CARE

Patience

Communities that seek to support the healing of combat veterans need to practice patience.

(Resist the urge to rush to forgiveness/absolution.)

Confession

Veterans need the support of a community that can listen, reflect, bear, and grieves with them.

Beyond support, they need a community that is able to hear and meet confession...not with cheery reassurance or avoidant condemnation but with the willingness to walk with them on the path of reconciliation.
Forgiveness is a Process

Pastoral
- Patience
- Confession
- Forgiveness

Clinical
- Awareness
- Acceptance
- Action

Moral Injury

Mahedy, 2004; Kinghorn, 2012

Williams, 2016
Forgiveness

- “Veterans may also need a community that can help them be forgiven when appropriate [emphasis added] as well as to forgive the wrongs inflicted upon them in war.”

What this community looks like will vary by congregation and faith tradition.

Mahedy, 2004; Kinghorn, 2012
PTSD

Depression

Suicide Risk

Moral Injury
How the US can address the tragedy of veteran suicide | Charles P. Smith

https://www.youtube.com/watch?v=PLZV9Aj0eIQ
In 2017 & 2018 more than 17 veterans died by suicide each day. (USDVA, 2020. 2020 National Veteran Suicide Prevention Annual Report)

Literature: Both trauma exposure and specific diagnosis of PTSD are linked with suicidal behavior. *Why?*

- Despair
- Impulsivity
- Guilt / Grief
- “Death by misadventure”
ASSESSING RISK: SUICIDE WARNING SIGNS IN VETERANS

CHANGE in behavior

• Calling friends, particularly vets, to say goodbye
• Cleaning weapons
• Visiting graveyards
• Stopping or hoarding medication, alcohol
• Spending sprees, buying gifts
• Obsession with media coverage of the war
• Wearing uniform, combat gear

It takes the courage and strength of a warrior to ask for help
If you or someone you know is in an emotional crisis
Call 1-800-273-TALK Press 1 for Veterans
Warrior cultures had traditions in which warriors returning from battle engaged in rituals for purification/cleansing, honoring the fallen, healing, and restoring balance. These rituals were completed before the warrior was reintegrated with the rest of society and family.
The men who came back from battle and the terrible things they had done there were given a chance to cleanse, purify, and rejoin the community. The community would take possession of the guilt the soldiers may have felt for the things they had to do on its behalf. (We don’t have that.)
Anyone (plus others) or a combination of:

**Pride:** When I felt most alive. I knew what was expected and I did it. I served honorably.

**Envy:** I wish I had been...called up, sent to VN, in combat, at a battle [Tet Offensive, Khe Sanh, etc.]

**Shame, guilt:** I did or failed to do things that I am not proud of. Why didn’t I do more to...?

**Stupid:** I should have refused. Why did I let myself be used in this way? I was part of something that was unnecessary.

**Sad:** What was the point? What a waste!
Were you in the military, including active duty, national guard, or reserves?

- If yes, were you on active duty (how long), national guard, or reserves? If guard or reserves, was your unit activated—how long?

- What branch did you serve in? How long were you in the military? What years (from _ to _)/ era?

- What did you do (what was your job [MOS, rating]), and what was your rank?
ASKING ABOUT MILITARY SERVICE

• Were you deployed overseas? …to a war zone? How many times where you deployed and for what length of time?

• Did you receive any wounds/injuries? What sort? (Any shrapnel/metal fragments, TBI?) Are you on any VA registries: Agent Orange, depleted uranium, embedded fragment, airborne hazards/burn pit, Camp Lejeune?

• What kind of discharge did you receive (if not currently serving)?
ASKING ABOUT MILITARY SERVICE

• What was your experience in the military? Challenges? Achievements/honors/medals?

• What was your experience after leaving the military? Challenges, barriers, etc.

• What did you learn from your military service that has been a benefit to you since then? [Cautiously—Is there anything you wish you could unlearn? …about yourself?]
WHAT TO SAY AND DO...

• Acknowledge the individual’s service.

• Remind them that their military service may have impacted their health.

• Identify any health concerns potentially related to their service.

• Consider/discuss referral to the VA as appropriate or if desired.
Our lonely society makes it hard to come home from war | Sebastian Junger

They are maladapted for everyday life,
Anchor your hand firmly and tenderly on your heart and breathe deeply.

Connect with what you are honestly feeling (be mindful).

Become curious about the place inside you that is not afraid of your feelings—even hurtful ones.

Deborah Grassman, Opus Peace
WE NEVER DRINK ALONE
IN REMEMBRANCE, HONOR, AND RESPECT
ACKNOWLEDGEMENTS

• John Mundt, PhD, Jesse Brown VAMC

• Christian Williams, MA/MDIV; PhD; Chaplain/ CPT. Pacific Anxiety Group.

• Brett Litz, National Center for PTSD, VA Boston Healthcare System, Boston University

• Deborah Grassman, Opus Peace.
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RESOURCES

• Center for Deployment Psychology. http://deploymentpsych.org/
• Centerstone Military Services Military Services - Centerstone
• Florida Department of Veterans Affairs Florida Department of Veterans' Affairs | Connecting veterans to federal and state benefits they have earned. (floridavets.org)
• Florida Veterans Support Line Florida Veterans Support Line (myflvet.com)
• National Center for PTSD. http://www.ptsd.va.gov/
RESOURCES

• Opus Peace. [https://opuspeace.org/](https://opuspeace.org/)

• Our lonely society makes it hard to come home from war | Sebastian Junger. [https://www.youtube.com/watch?v=o9DNWK6WfQw](https://www.youtube.com/watch?v=o9DNWK6WfQw)

• Road Home Program. [http://roadhomeprogram.org](http://roadhomeprogram.org)


• The Warriors Journey: Resources for Warriors, Families, Leaders [https://thewarriorsjourney.org/](https://thewarriorsjourney.org/)

• Wounded Warriors Project. [https://www.woundedwarriorproject.org/](https://www.woundedwarriorproject.org/)


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JOURNAL ARTICLES

- New Journal of Geriatric Care Management (Journal of Aging Life Care) 2015. Special issue on older veterans, download at: https://www.aginglifecarejournal.org/introduction-to-the-special-issue-on-older-veterans/


