10 CLINICAL CONSIDERATIONS WHEN WORKING WITH VETERANS

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INTRODUCTIONS

COLLABORATIVE WORKSHOP

WHAT TO EXPECT

I. Veteran Statistics/Demographics
II. 10 Clinical Considerations
   A. Transitioning into Civilian Life
   B. Mental Health Stigma & Treatment Barriers
   C. Substance Use
   D. Suicidality
   E. Gender Issues
   F. Military Sexual Trauma/Bullying/Hazing
   G. Homelessness
   H. Combat Exposure & Deployment Trauma
   I. Treatment Implications
   J. Resources and Referrals

III. Diversity & Ethical Issues

IV. Participant Satisfaction and Evaluation Form

VETERAN INFORMATION

Who is a Veteran?

Title 38 of the Code of Federal Regulations defines a veteran as “a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable.” This definition explains that any individual that completed a service for any branch of armed forces classifies as a veteran as long as they were not dishonorably discharged. However, with regard to applicable benefits, other considerations are important to consider.

Active Duty

Reserves

National Guard

**Service Connected Disability**

Veteran Statistics

https://www.statista.com/topics/1279/veterans/2017
ISSUES THAT CAN ARISE IN THE TRANSITION

1. Loss of purpose
2. Loss of chain of command
3. Different promotion structure
4. Missing the adrenaline rush
5. Feeling alone
   a. Unemployment
   b. Family Dynamics
   c. Pay Cut
   d. Relocation
   e. “Home is not the same”


Great Veteran Resource

MILITARY MENTAL HEALTH

STIGMA AND TREATMENT

‡ Fear of losing military occupation
‡ Not fit for service
‡ Not deployable
‡ Fear of losing service-connected disability
‡ Stigma towards “mental health”
‡ Mission-oriented = Self last
‡ Command “finding out” and being treated differently

SUBSTANCE USE IN VETERANS

“Alcohol use disorders are the most prevalent form of SUD among military personnel.”

One study of military personnel found that ~30% of completed suicides were preceded by alcohol or drug use, and on average, 85% of completed suicides were preceded by alcohol or drug use.

Its predecessor, released in 2012, gave rise to the widely held belief that 22 veterans a day die by suicide. This report adjusts that figure by two, establishing a number closer to 20 a day—a number which has reportedly remained constant from 2008-2015.

VA National Suicide Data Report 2005–2016
Office of Mental Health and Suicide Prevention
September 2018

https://www.mentalhealth.va.gov/suicide_prevention/data.asp
In response to increased rates of MST, the Veterans Health Administration (VHA) implemented standardized screening for MST in Fiscal Year 2002. The VHA has also released outpatient data (2015) which estimates that 22% of Veteran women, representing 22,918 patients, 1% of Veteran men, representing 31,797 patients, screened positive for sexual assault or repeated, threatening sexual harassment during their military service.

Another study estimated that Military sexual trauma is reported in approximately 20%-43% of female service members and veterans 1%-3% of male service members and veterans. Even though these are alarming statistics, they are probably not accurate due to the underreporting of sexual trauma, especially for male Veterans. A 2011 Pentagon report estimated 80%-90% of MST experiences go unreported.

"psychological trauma… resulting from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty or active duty for training"

FEMALE VETERANS

50%-60% of Veteran women exposed to MST develop PTSD

Association of PTSD related to MST is 3 times greater for women than for men

MST is related most strongly to PTSD and eating disorders in female Veterans

Veterans who screen positive for MST also appear to be more likely than men to suffer from depression, eating disorders, substance abuse, anxiety disorders, dissociative disorders, and personality disorders

Positive association between MST and a variety of chronic pain conditions in the female Veteran population.

MALE VETERANS

Male veterans who screened positive for MST were more likely to have a PTSD diagnosis that those with no MST history.

Men who screen positive for military sexual trauma reported more trauma symptoms than women at baseline and typically exhibited more enduring symptoms.

Male Veterans are found to be less likely to receive MST related mental health care compared with female veterans.

Men who have experienced sexual trauma have higher rates of alcohol abuse, and self-harm.

Male MST has a greater association with bipolar disorder, schizophrenia, adjustment disorders, and psychosis in men.

Societal stereotypes of masculinity—especially in the military

Failure to "live up to the military ideal"

Persistent sexual disturbances including gender identity issues, sexuality concerns, and sexual dysfunction

HOMELESS VETERANS

Who are homeless Veterans?

How many are there?

Why are there homeless Vets?

DEMOGRAPHICS OF HOMELESS VETERANS

11% of the homeless adult population are veterans

20% of the male homeless population are veterans

68% reside in principal cities

32% reside in suburban/rural areas

51% of individual homeless veterans have disabilities

50% have serious mental illness

70% have substance abuse problems

57% are white males, compared to 38% of non-veterans

50% are age 51 or older, compared to 19% non-veterans

National Coalition for Homeless Veterans
DEPLOYMENT AND COMBAT STATISTICS

The number of Combat Veterans with PTSD varies by service era:

Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF):
About 11-20 out of every 100 Veterans (or between 11-20%) who served in OIF or OEF have PTSD in a given year.

Gulf War (Desert Storm):
About 12 out of every 100 Gulf War Veterans (or 12%) have PTSD in a given year.

Vietnam War:
About 15 out of every 100 Vietnam Veterans (or 15%) were currently diagnosed with PTSD at the time of the most recent study in the late 1980s, the National Vietnam Veterans Readjustment Study (NVVRS). It is estimated that about 30 out of every 100 (or 30%) of Vietnam Veterans have had PTSD in their lifetime.

WORKING WITH VETERANS

Diversity and Ethical Considerations

‡ Treat the presenting problem— not what you think is the presenting problem
‡ Know your resources
‡ Know the research on what is working and what the VA is doing. (ex- EMDR, Exposure Therapy, ACT, Group Therapy)
‡ Pet Therapy/ Assistance Animals
‡ Be honest

RESOURCES AND REFERRALS

- Veteran Crisis Line
- VA Resources
- Vet Centers
- Veteran Coalition for Homelessness
- VA Homeless Veteran Coordinator
- Military Sexual Trauma (MST) Coordinator
- VA Social Workers
- National Council for Behavioral Health-Working with Veterans Courses