





Mission and purpose

Courtesy and discipline

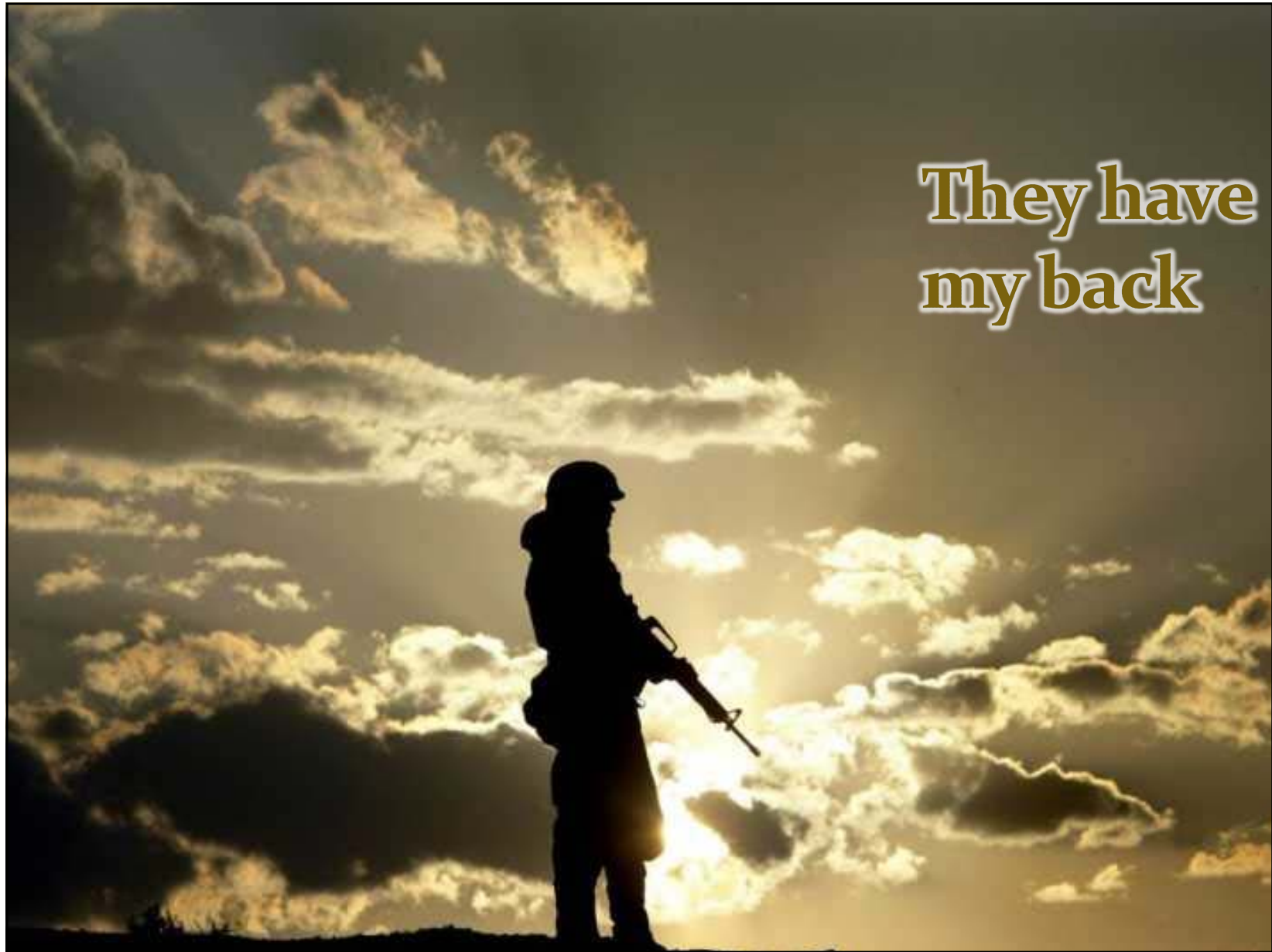


Core values

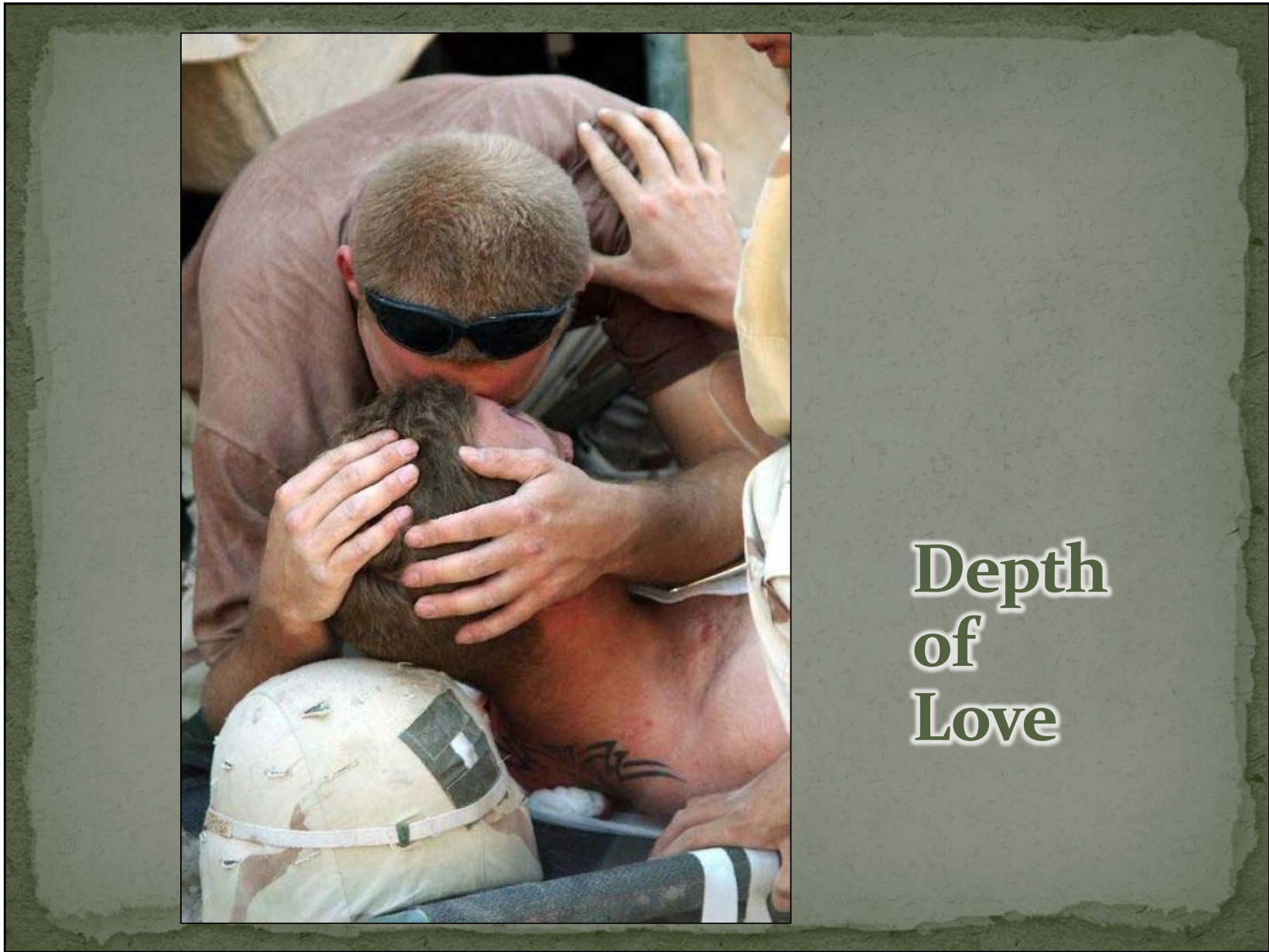
- Honor
- Loyalty
- Duty
- Respect
- Integrity
- Courage
- Excellence
- Commitment
- Selfless service
- Devotion to duty



Leave no one behind.



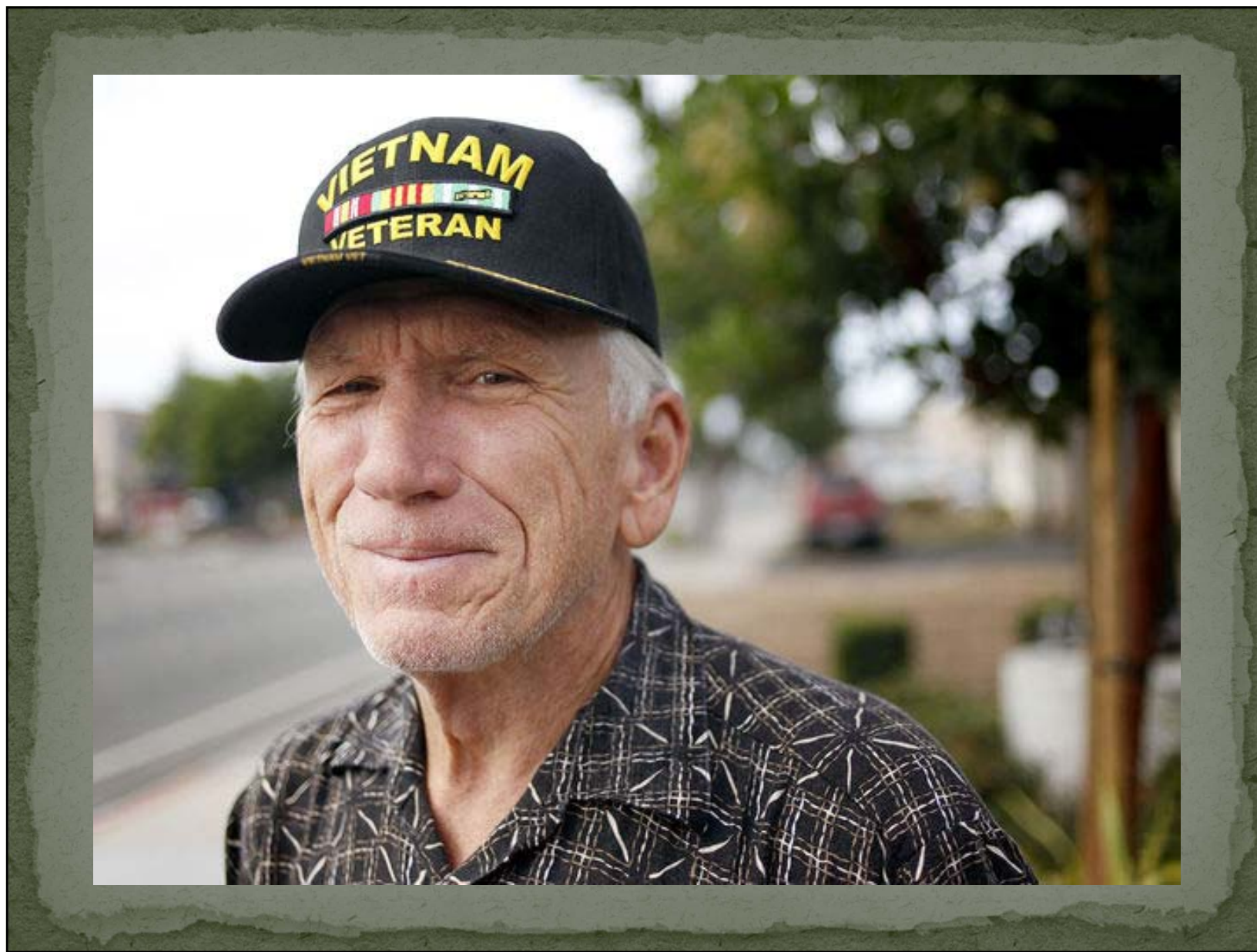
Great Lakes ATTC - The Prevalence of Trauma in Families and Community: A Virtual Conference



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Quick Poll:

Why did you choose this session?

- a. I work with (or my agency serves) service members and/or veterans.
- b. I want to work with service members or veterans.
- c. Service members and/or veterans in my community are underserved.
- d. I am a service member or veteran.
- e. I have (or have had) one or more family members or close friends who are service members or veterans.
- f. I think this subject is important.
- g. I just feel drawn to this subject

Objectives—Raise awareness of:

- Key strengths
- Challenges
- Resources available, and challenges in access
- Important areas of study
- Power of peer support
- Helping the community understand, welcome, and support
- A few things you can start doing right away









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Veterans

- Service members/veterans/families
- Many branches, active/reserve components
- Many conflicts, e.g.
 - OIF/OEF (GWOT)
 - Gulf War
 - Vietnam-era conflicts
 - Korea
 - WWII
- Many very different experiences
 - Many countries, all over the world
 - Many ranks and occupational specialties (MOS)
 - Many levels of exposure to combat/trauma



Quick Poll:

How do you assess for military or veteran status?

- a. In our intake or assessment process, we always ask if the individual is a veteran.
- b. In our intake or assessment process, we always ask if the individual has ever served in the armed forces.
- c. Counselors and/or case managers are trained and told to ask about military and veteran status.
- d. We rely on self-report or medical records.
- e. We're not sure who is a military member or veteran.

Trauma

- Potentially traumagenic experiences
 - Resistance
- Experience of trauma
 - Resilience
 - Mild and temporary effects
 - Posttraumatic injuries
 - Posttraumatic illnesses
- Variety of injuries and illnesses, e.g.,
 - PTSD
 - SUDs
 - Other mental health conditions and complications
 - Physical illnesses (often chronic, added to war related)



Quick Poll:

What percentage of the people you serve need trauma-informed care?

- a. 10% - 25%
- b. 25% - 40%
- c. 40% - 55%
- d. 55% - 70%
- e. 70% - 85%
- f. 85% - 100%

Prevalence

- Study size
- Methodology
- Wide range of findings
- For example, PTSD (quote from “Veterans statistics: PTSD, Depression, TBI, Suicide”)*
 - Diagnosed how soon after deployment?
 - What level of impairment?
 - Which veterans?
 - Statistics revised over time

*<http://www.veteransandptsd.com/PTSD-statistics.html>



What we've learned about what we don't know: Two examples

- National Vietnam Veterans' Readjustment Study*
 - Initial study in 1980s found 15% current and 30% lifetime prevalence of PTSD
 - 2003 re-analysis found large majority with chronic PTSD symptoms, with 4 out of 5 reporting recent symptoms 20-25 years after Vietnam
- Wide variety of estimates of post-war suicide among Vietnam veterans:
 - 59,000 died in action in Vietnam
 - 100,000, 200,000, or 300,000 suicides since the war

*<http://www.veteransandptsd.com/PTSD-statistics.html>

That said...

- Rand study (2008):
 - At least 20% of OIF/OEF veterans have PTSD and/or depression; Half of those with PTSD don't seek treatment; Of those, half get "minimally adequate" treatment; 19% may have TBI (7% both PTSD and TBI)
- Recent sample of 600 OIF/OEF veterans:
 - 14% had PTSD, 39% alcohol abuse, 3% drug abuse
- Journal of Affective Disorders (2012):
 - Sleep problems predict young adult military suicide
- VA suicide data (2012):
 - Biggest age spikes 18-25 and around 60 years of age
 - 5,000-8,000 veteran suicides a year (22 per day)

Challenges in access

- Scarce financial resources
- Navigating existing resources
- Eligibility/reimbursement
- Military-civilian:
 - Communication
 - Coordination
 - Collaboration
 - Cultural connection
 - Knowledge/experience
- Reluctance to get help
- Small window for services



Tri-care

- Reimburses civilian care for military members, retirees, and dependents
 - Includes some reserve component members
 - Has Standard, HMO, and PPO plans
 - Can be network or non-network provider
- Low reimbursement rates
- Range of ease/success getting approved as a Tricare provider



Referral from VA

- Can authorize outside care if
 - Geographical access barriers
 - Services not “feasibly available”
 - Not economical for VA provision
- Challenges for some veterans
 - Hard to access services
- Challenges for many providers
 - Low referral rates
- Challenges for VA
 - Real or perceived lack of preparation among civilian providers



Build collaborative relationships

- Local VA
- Military installations (including armories, VSOs)
- Other organizations that have gotten VA referrals or Tricare approval
- Community stakeholders interested in supporting service members, veterans, and their families

One thing
you can start
right away



Quick Poll:

What have you done that's made you successful in forming relationships that help you:

- ★ Get reimbursed for serving service members or veterans
- ★ Build trust and collaboration with the VA and/or others serving service members, veterans, families

Constant tactical awareness

- No “front”
- Fog of war
- Insurgency wars
 - No one can be trusted
- “Even when (or where) it’s safe, it’s not safe”
- Hurry up and wait
- Accelerator and brake
- Changes in mission/tactics





Cumulative effects of exhaustion...



...and caffeine



Mistrust of clinical services

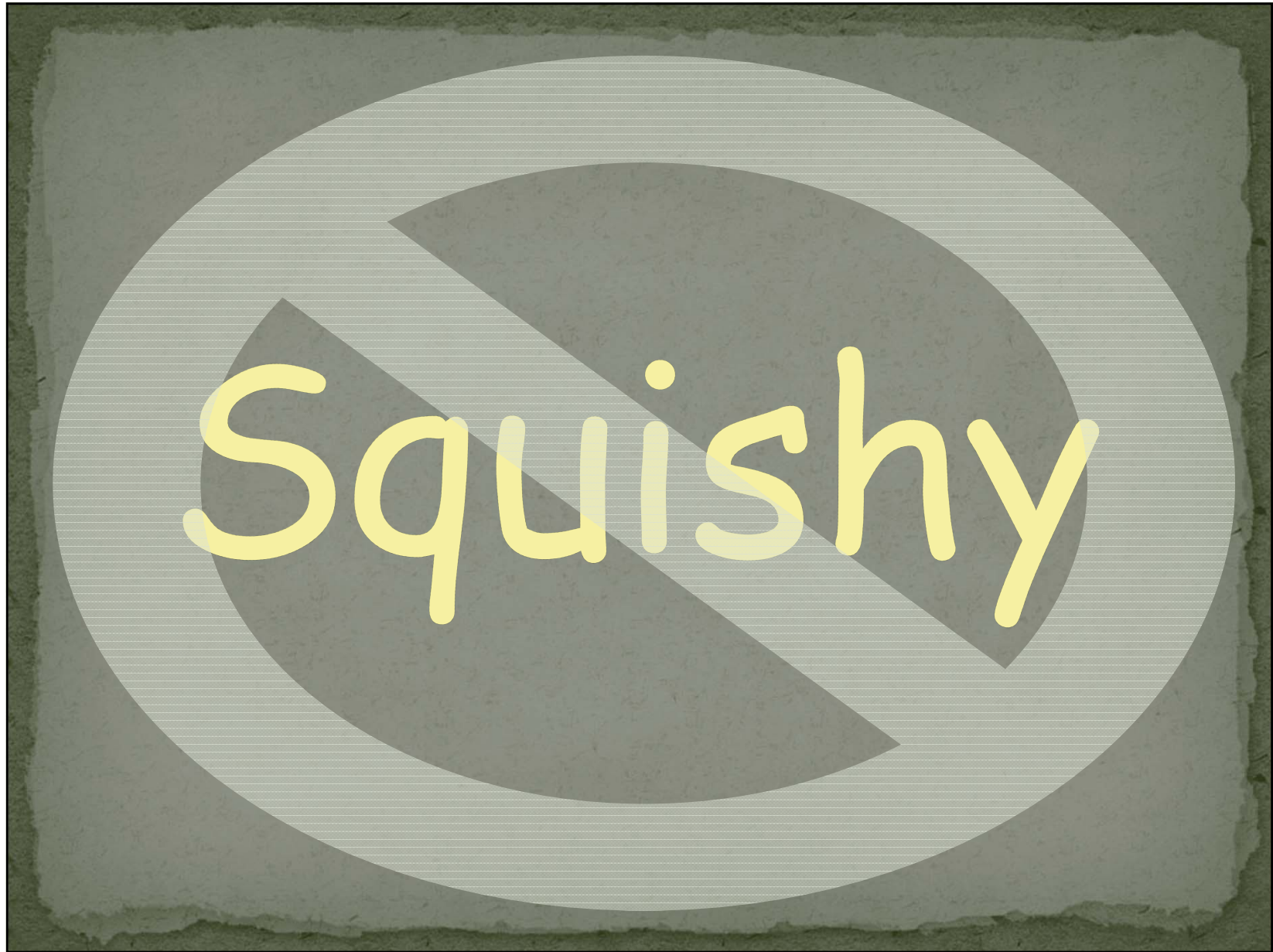


**Mistrust of
clinical
services**

**Off to see the
Wizard!**



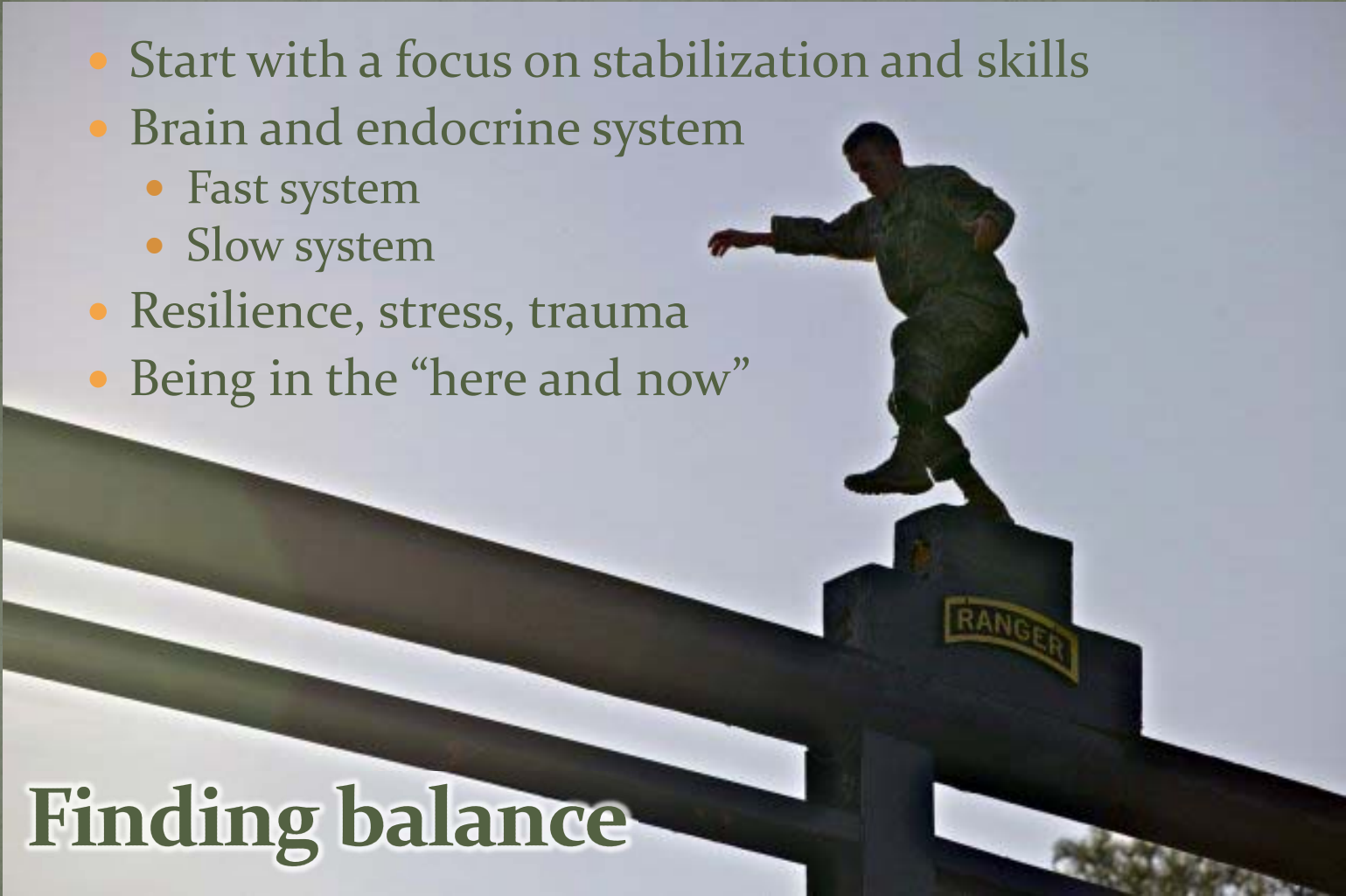






Another
thing you
can start
right away

- “Therapy” sounds weak
- “Training” sounds strong
- Many practices are largely skill training, e.g.,
 - Management of stress and physical reactions to stress
 - Management of thoughts, feelings, actions, sleep patterns
 - Navigating relationships in stabilizing ways
- Why not call it training?



- Start with a focus on stabilization and skills
- Brain and endocrine system
 - Fast system
 - Slow system
- Resilience, stress, trauma
- Being in the “here and now”

Finding balance







Recognizing strengths

Using military values as motivators

- Loyalty to yourself and your family
- Reducing symptoms to increase respect
- Healing to improve ability to be of service
- Healing to strengthen honor and integrity
- Harnessing excellence and commitment
- Summoning courage for the healing process
- Recognizing duty to yourself, family, community
- Not leaving yourself behind

Emphasis on peer support

including intergenerational support and family support



Quick Poll:

Which of these does your organization already do?

- a. We assess strengths before we assess problems
- b. We provide skill training—and call it that
- c. We have a resilience group instead of a trauma group
- d. We teach people a simple grounding exercise and encourage/reinforce its use
- e. We have peer support staff whose work is fully integrated with that of our clinical staff
- f. We provide services for family members

Multiple experiences, cumulative effects



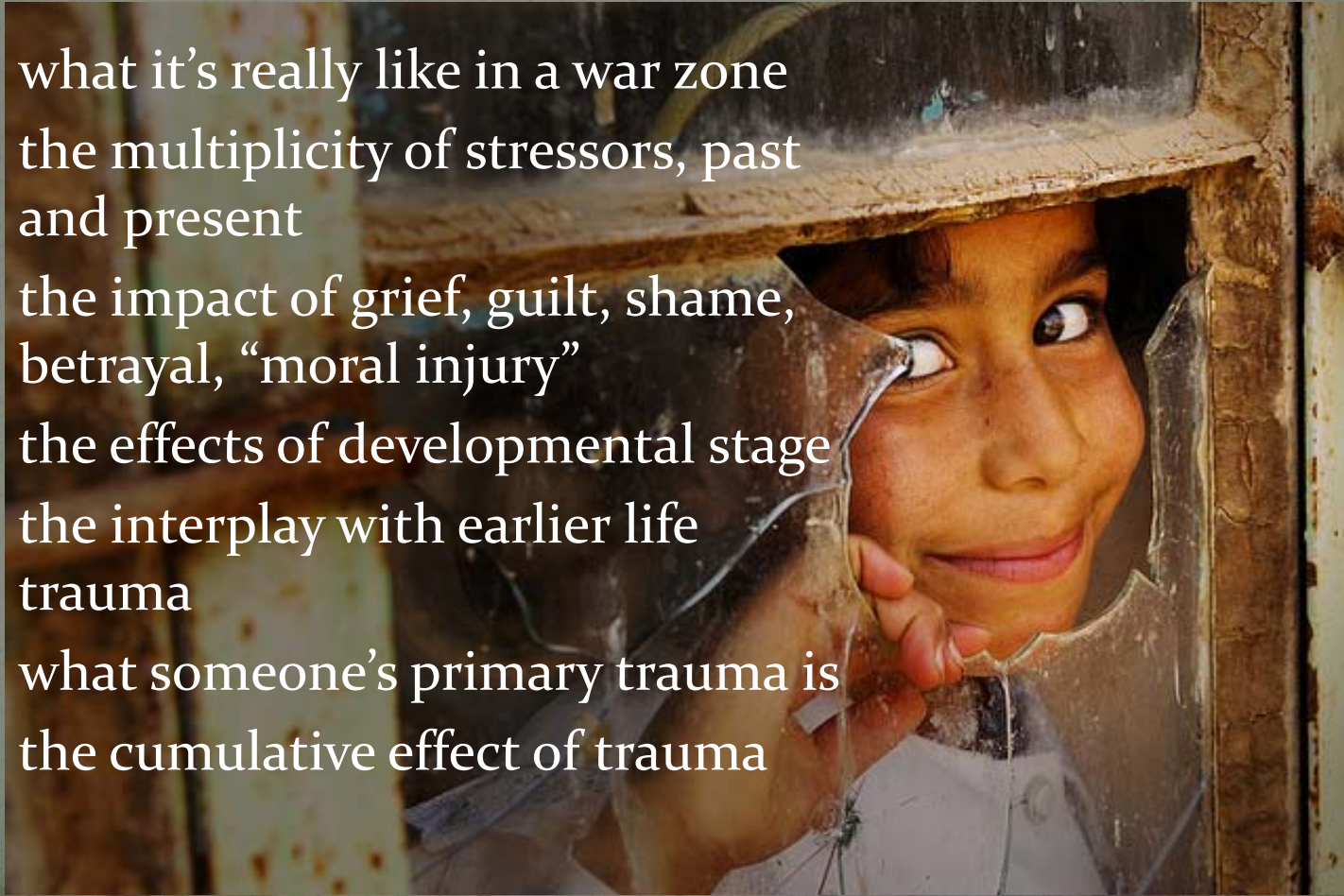


Moral and spiritual wounds

Photo by
Damir Sagolj / Reuters

We don't know...

- what it's really like in a war zone
- the multiplicity of stressors, past and present
- the impact of grief, guilt, shame, betrayal, "moral injury"
- the effects of developmental stage
- the interplay with earlier life trauma
- what someone's primary trauma is
- the cumulative effect of trauma



We also don't know...

- if an individual suffered brain injury
- how many addictions we're dealing with (e.g., caffeine, adrenaline, sugar)
- the impact of sleep deprivation
- the extent/effects of medication interactions
- How he or she feels about us or what we're doing



And we don't know...



- how deployment has affected primary relationships
- the impact of an individual's concern for his or her family
- What challenges family members may be facing
- how an individual feels about the service, the military, the war, etc.
- what he or she enjoyed about deployment
- what strengths he or she gained in military service
- who or what the individual is proud of

**The best we have
to offer:**

**Humility and
willingness to
learn**





A few things to read about

- The military, the military culture, and military values
- The history of the conflicts that have affected the veterans you serve (or plan to serve)
- First-hand accounts by people who have served in these conflicts and lived with the aftermath of war
- Some of the acronyms you might hear in listening to veterans



Safety first and last— Always respect:

- The need for safety and choice in the environment
- Who you can or can't work with safely
- What you can or can't hear safely
- What the veteran can or can't talk about safely
- Safe ways of stabilizing the conversation
- Safe referrals for higher levels of help

Finding Balance
Understanding and Optimizing Your Stress System

Finding Balance
Considerations in the Treatment of Post-deployment Stress Effects

Finding Balance
A Guide for Service Members and Veterans

Finding Balance
Suggestions for Family Members

Finding Balance
A Guide for Military Clinicians

Finding Balance
A Guide for Clinicians Who Work With Service Members and Veterans

Pamela Woll, MA, CADD
Human Priorities
<http://xrl.us/humanpriorities>

Finding Balance



- “Effective Services for Military Families” (Pam Woll)
- *Understanding the Military: The Institution, the Culture, and the People* (Angela Halvorson)
- “A Rope Across the Chasm: An Open Letter to Military and Civilians” (Pam Woll)

- www.samhsa.gov/veterans-military-families – SAMHSA’s resources on veterans and military families
- ptsd.va.gov – National Center for Posttraumatic Stress Disorder (part of U.S. Veterans Affairs)
- attcnetwork.org – National ATTC Network
- www.attcnetwork.org/regional-centers/?rc=greatlakes – Great Lakes ATTC
- www.trauma-pages.com – David Baldwin’s Trauma Pages, lots of free downloads from national experts
- www.humanpriorities.com – Pam Woll’s web site, lots of free downloads of Pam’s work
- www.youtube.com/watch?v=EmWUQ9bRbdk – multimedia presentation of a song Pam wrote about a Soldier at the Battle of the Somme (World War I)

Thank you!!

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