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**SUMMARY**



Veterans, their families and children may present to a community healthcare facility before, during and after deployment. Both domestic and foreign deployments introduce complexities that can impact family dynamics and the welfare of the children involved.

Awareness and understanding is required to address the diverse medical and behavioral healthcare needs of Veterans and families, including traumatic brain injury, post-traumatic stress disorder, depression and suicide risk, poverty, unemployment and homelessness. Special emphasis will be placed on working with the Veteran, their family, their children and the essential role that both VA and non-VA healthcare providers play.

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**OBJECTIVES**



The goal of this continuing education program is to provide participants with information on the needs of Veterans and their families.

Participants will be able to:

- Learn how to identify and screen Veterans, families and children in the school based health care setting
- Describe the unique needs of veterans and their families
- Identify resources available to returning veterans and families to help them manage their healthcare
- Discuss the role of healthcare professionals in caring for returning veterans in the community

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Are you a member of the service... 

...or are you married to, living with or a family member of a service person or Veteran?

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information 

There were 1.4 Million active military personnel as of 2013.

50% of the US Army was deployed to Iraq or Afghanistan.

15% were deployed twice or more.

410,000 reservists were deployed to combat operations.

**100% of the US Military is made up of VOLUNTEERS.**

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More than 2,000,000 American children have coped with their parents serving in the Iraq and Afghanistan wars.

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## Military Families – Health Benefits

- Military Identification Cards – if you have one, you are considered part of a “**military family**” and therefore eligible for access to health care
- Tricare & CHAMPVA (for active, retired military and they families)
- VA Benefits and Eligibility – a true science
- Medicaid – “Payor of Last Resort”
- ...more later

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## Statistics...

...because every good presentation should have lots and lots of them!

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## Important Stats - Marriage

1. 56.6% of All Active-Duty Personnel are married, 47.7% of all Reserve and National Guard.
2. Women who serve are less likely to be married than their Male counterparts, and then they are more likely to marry another service member.
3. Men in the military are no more likely to divorce than civilian men. (Karney, 2012)

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## Adverse Reactions to Deployment

### Spouses:

Loneliness (78%), Anxiety (51.6%), Depression (42.6%), Fears about personal safety (23.6%)

*Steel Fisher (2008)*

Half of all at-home spouses reported that they felt people in the community didn't understand what life is like for them.

*Chandra (2010)*

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## Adverse Reactions to Deployment

### Service Member and Wife:

Concerns about exposure to combat and the effects of the deployment on their children.

### Wives

Loneliness, staying in touch, injury, fear of death, reintegration, and fear of change in the service member.

### Husband (Service Member)

Sexual Frustration...

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## Resiliency Characteristics

Families that were successful during and after deployment shared these qualities:

1. "Close ranks" enough during deployment, to complete tasks but not so much as to leave no room for the service member upon return.
2. Maintained service member's "psychologic presence" during the deployment period.

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# prevalence of PTSD



More men (61%) than women (51%) experience a trauma at some point in their lives, but women experience PTSD at twice the rate of men (10% vs. 5%)

*(Kessler et al., 1995; Tolin and Foa, 2006)*

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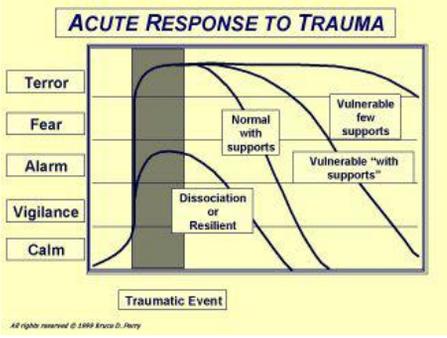
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# trauma response



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# who gets PTSD



**It depends on:**

- Severity
- Duration
- Proximity

**PTSD is mitigated or worsened by:**

- Childhood experience
- Personality characteristics
- Family history
- Social support

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## complex trauma



Complex psychological trauma results from “exposure to severe stressors that (1) are repetitive or prolonged, (2) involve harm or abandonment by caregivers or other ostensibly responsible adults, (3) occur at developmentally vulnerable times in the victim’s life.”

*Ford and Courtois, 2009*

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## who’s at risk?



- Economically impoverished inner city minorities
- Incarcerated individuals
- Homeless persons
- Sexually and physically re-victimized children or adults
- Victims of genocide or torture
- Developmentally, intellectually, or psychiatrically challenged persons
- Civilian workers and soldiers harassed on the job or in the ranks
- Emergency responders

*Vogt et al., 2007*

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## core problems



- Affect dysregulation
- Dissociation
- Somatic dysregulation
- Impaired self-concept
- Disorganized attachment patterns
- In addition to symptoms of PTSD and other comorbid disorders



*Ford and Courtois, 2009*

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## what's it like?



- Emotional instability
- Overwhelming feelings of rage, guilt, shame, despair, ineffectiveness and/or hopelessness
- Tension reduction activities such as self-mutilation, compulsive sexual behavior, and bulimia
- Suicidal or violent behavior
- Dissociation

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## what's it like?



- Loss of a sense of trust, safety, and self-worth
- Loss of a coherent sense of self
- Belief of being bad or unlovable
- Insecure attachments/damaged interpersonal relationships
- Difficulty functioning in social settings, including work
- Enduring personality changes
- Loss of faith

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## health problems



- Chronic obstructive pulmonary disease
- Sexually transmitted diseases
- Hepatitis
- Obesity
- Heart disease
- Fractures
- Diabetes
- Unintended pregnancies

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## behavioral health problems



- Smoking
- Intravenous drug abuse
- Depression
- Attempted suicide
- Alcoholism

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## childhood problems



Studies of Army soldiers:

- Rosen & Martin, 1996:
  - 17% of males and 51% of females reported childhood sexual abuse
  - 50% of males and 48% of females reported physical abuse
  - 11% of males and 34% of females experienced both
- Seifert et al., 2011 (combined males and females):
  - 46% reported childhood physical abuse
  - 25% reported both physical and sexual abuse
  - Soldiers with both reported more severe PTSD symptoms and more problem drinking

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## Before we go on...



Any questions on PTSD?

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switching gears 

**MORAL INJURY**

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moral injury 

“An act of serious transgression that leads to serious inner conflict because the experience is at odds with core ethical and moral beliefs.”

*(National Center for PTSD)*

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moral injury 

“perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations”

*(Litz et al., 2009)*

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Handwriting practice lines consisting of 18 horizontal lines.

## what's the difference

- Transgression is not necessary for a PTSD diagnosis nor does PTSD sufficiently capture moral injury, or the shame, guilt, and self-handicapping behaviors that often accompany moral injury.
- Whereas PTSD is a mental disorder that requires a diagnosis, moral injury is a dimensional problem...

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## moral injury isn't new...

**...but research on its conceptual function and impact is.**

The conceptual model posits that individuals who struggle with transgressions of moral, spiritual, or religious beliefs are haunted by dissonance and internal conflicts. In this framework, harmful beliefs and attributions cause guilt, shame, and self-condemnation.

*Forgiveness is also an important mediator of outcome.*

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## what are moral injuries?

- killing and injuring others was associated even when accounting for other exposures to combat
- the association was stronger among those who reported killing non-combatants
- atrocities were associated with PTSD symptoms, guilt, and maladaptive cognitions
- the strongest association between atrocities and PTSD was with "re-experiencing" symptoms

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## combat vs civilian expectations

- Trust** – “He is constantly questioning me.”
- Anger** – “He’s mad all the time.”
- Predictability** – “He needs to control everything.”
- Mission Orientation** – “He hates when we change plans/Everything is a production.”
- Decision makers/followers** – “He’s always in charge/He doesn’t have an opinion about anything.”
- Proximity** – “He doesn’t touch me, hold my hand, hug the kids...He’s constantly looking over his shoulder.”
- Comradery** – “He has no friends/He doesn’t want to do anything.”

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## PART 2

Lets talk about Suicide and then the impact on the family.

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## SUICIDE

1. About 22 veterans a day complete suicide.  
*As of January 2014*
  
1. Suicides among members of the active-duty military personnel rose slightly in 2014. (288 in 2014 vs 286 in 2013)  
*As of January 2015*

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## Risk Factors for abuse

Beyond AROUSAL and LACK OF CONTROL in incidents of spousal abuse, being under the influence of substances was present and substantiated in 25% of the cases.

Only one study specifically about OEF/OIF; experiential avoidance was a risk factor for aggression. This study was very small and included National Guard members only. (Reddy, 2011)

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## Emotional Health of Spouses

Both Servicemen and Spouses experience Major Depression and Generalized Anxiety at similar rates. However, spouses were much more likely to seek care (70% vs. 40%).

### Barriers to seeking care:

1. Arranging childcare or Time off from work
2. Difficulty getting an appointment
3. Cost

20% of spouses sought primary care only instead of behavioral health specialists.

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## Emotional Health of Spouses

Wives whose husbands were deployed were significantly more likely to have diagnoses of:

1. Depression
2. Anxiety
3. Acute Stress Reaction
4. Adjustment Disorders
5. Sleep Disorders

Mental-health diagnoses were made 19% of the time with husbands deployed 1-11 months; and 27% of the time if longer than 11 months.

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## Returning from Deployment

Families of returning servicemen report their spouse as:

- |                   |                 |
|-------------------|-----------------|
| 1. Quick-tempered | 8. Unreasonable |
| 2. Irritable      | 9. Insensitive  |
| 3. Unhappy        | 10. Changeable  |
| 4. Cold           |                 |
| 5. Lifeless       |                 |
| 6. Mean           |                 |
| 7. Cruel          |                 |

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## Servicemen accessing care

Reported reasons that servicemen don't get care:

1. Denial
2. Fear
3. Stigma about disclosing symptoms

**Spouses helped them get the care they needed by:**

1. Support and patience
2. Initiating the treatment themselves
3. Ultimatums...

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## Children of Military Personnel

More than 2,000,000 American children have coped with their parents serving in the Iraq and Afghanistan wars.

Having a deployed parent was associated with an excess of ALL MAJOR DIAGNOSES in comparison to being a child without a deployed parent.

**This is a significant risk assessment domain!!**

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## How mother's cope...

...significantly impact how severe children's own symptoms were.

### **Parental Stress was the most significant predictor of children's psycho-social functioning.**

68% of youth reported that "helping the caregiver deal with life without the deployed parent" was one of the most difficult aspects of deployment.

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## So far, what do we know:

1. Deployment, and to a lesser degree the threat of deployment is the greatest risk factor to families.
2. Spouses who do not seek services are more likely to experience emotional distress.
3. Parental distress has the greatest impact on family resilience and children's adjustment.
4. Parents who access emotional support report less child psychologic morbidity.

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## Child abuse -

Child maltreatment was more frequent during the times when the military was deployed; the most common perpetrator being civilian mothers (as opposed to other caregivers).

Child maltreatment (neglect) was 42% higher during deployment vs. nondeployment; however the rate of child abuse fell.

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## Child Maltreatment leads to...



- Depression
- Anxiety
- Alcohol Abuse
- Attempted Suicide
- Increases in:
  - Heart Disease
  - Cancer
  - Lung Disease

*(Felitti, 1998; McCauley 1997)*

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## Treatment for Kids?



The foremost evidenced based treatment for maltreated children is “Trauma-Focused Cognitive Behavioral Therapy”.

TF-CBT helps to alleviate:

1. Post-traumatic Stress
2. Depressive Symptoms
3. Anxiety Symptoms
4. Externalizing Behavior

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## Children and Mental Health



### Department of Defense Records; 2003 – 2008

Military Children use of treatment –

1. Inpatient days rose by 50%+
2. Outpatient counseling rose by 85%+

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operation s.a.v.e 

- **S**igns of suicidal thinking should be recognized
- **A**sk the most important question of all  
*(ARE YOU THINKING ABOUT KILLING YOURSELF?)*
- **V**alidate the patient's experience
- **E**ncourage treatment and **E**xpedite getting help

[http://www.mentalhealth.va.gov/docs/Suicide\\_Prevention\\_Community\\_Edition-shortened\\_version.pdf](http://www.mentalhealth.va.gov/docs/Suicide_Prevention_Community_Edition-shortened_version.pdf)

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SCREENING - PTSD 

**Primary Care PTSD Screen (PC-PTSD)**

The PC-PTSD is a 4-item screen that was designed for use in primary care and other medical settings and is currently used to screen for PTSD in veterans at the VA. The screen includes an introductory sentence to cue respondents to traumatic events. The authors suggest that in most circumstances the results of the PC-PTSD should be considered "positive" if a patient answers "yes" to any 3 items. Those screening positive should then be assessed with a structured interview for PTSD. The screen does not include a list of potentially traumatic events.

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SCREENING - PTSD 

**Instructions:**

*In your life*, have you ever had any experience that was so frightening, horrible, or upsetting that, **in the past month**, you:

1. Have had nightmares about it or thought about it when you did not want to?  
YES / NO
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?  
YES / NO
3. Were constantly on guard, watchful, or easily startled?  
YES / NO
4. Felt numb or detached from others, activities, or your surroundings?  
YES / NO

*Current research suggests that the results of the PC-PTSD should be considered "positive" if a patient answers "yes" to any three items.*

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what we're doing... 

PTSD

- Prolonged Exposure
- Cognitive Processing Therapy
- Medication Management
- Education
- Support Group
- Peer Support

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what we're doing... 

- Depression
  - Cognitive Behavioral Therapy (CBT)
  - Acceptance and Commitment Therapy (ACT)
- Serious Mental Illness
  - Social Skills Training (SST)
- Marital Distress
  - Integrated Behavioral Couples Therapy (IBCT)
- Insomnia
  - Cognitive Behavioral Therapy for Insomnia (CBT-I)
- Pain
  - Cognitive Behavioral Therapy for Pain
- Other
  - Problem Solving Training (PST)
  - Motivational Interviewing(MI)

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other services... 

- Suicide Prevention Specialists
- SUD Team (Ind, Group, IOP, Detox, Suboxone)
- Peer Support Team
- Homeless Care Team (Liberty House, HCHV, HUDVASH, VJO, Contract Shelter)
- Compensated Work Therapy
- ERANGE
- Psychosocial Rehab and Recovery Center

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## Where are your VA Centers

### West Virginia VA Medical Centers:

- Beckley VA Medical Center
- Clarksburg – Louis A Johnson VA Medical Center
- Huntington VA Medical Center
- Martinsburg VA Medical Center

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## Where are your VA CBOCs

### West Virginia VA CBOCs:

Charleston CBOC	Parsons – Tucker County CBOC
Clarksburg Rural Mobile Unit	Petersburg CBOC
Franklin Outpatient Clinic	Sutton – Braxton County CBOC
Maxwelton – Greenbrier County CBOC	Westover – Monogalia County CBOC
Parkersburg – Wood County CBOC	<i>"CBOC" – Community Based Outpatient Clinic</i>

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## Who you should get to know

1. Medical Center Director – Chief of the Hospital
2. Patient Advocate – Assigned to manage patient complaints and experiences
3. Social Work Chief – Director of most, if not all, social workers
4. Behavioral Health Chief – Director of mental health services (Inpatient and/or Outpatient)
5. **\*\*Suicide Prevention Specialists** – On-grounds suicide crisis unit (if you need information, this is the team to call)

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## Who you should get to know

1. PTSD Coordinator – Assigned to manage the programming for the treatment of PTSD at the medical center
2. MST Coordinator – Assigned to manage the programming for the treatment of Military Sexual Trauma at the medical center
3. Homeless Coordinator
4. OEF/OIF Coordinator – The first point of entry for returning soldiers.
5. Women Veterans Program Manager – Assigned to manage the programming specifically for Women Veterans.
6. **Eligibility Department Supervisor – All VA Benefits**

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## Family Impact Screening Tool

The purpose of this tool is to guide clinicians, school counselors, nurses, family doctors who may work with children, families and Active or Veteran military personnel in a meaningful conversation and assessment of the concerns related to military service. The value of this tool is in uncovering potential risks to the children involved in military families. You will have to adapt the language of this tool when interviewing younger children. Positive responses to personal or family stress has been shown in research to increase the risk of adjustment issues in children. Multiple positive responses can and should guide interviewers to research options for medical and psychological care of the child interviewed and/or conversations with their caregivers about the interviewer’s concerns. Issues regarding the welfare of the child interviewed should always be reported to proper authorities. Your local VA Medical Center is a great asset in finding help for both the child assessed and their caregivers.

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## Family Impact Screening Tool

- Do you have a parent/guardian who serves in the military (active or reserve)?
  - Mom
  - Dad
  - Other
- Do you have a parent/guardian who served in the military (active or reserve)?
  - Mom
  - Dad
  - Other
- Did your parent/guardian get deployed away from your home in the US?
  - How many times?
- Did your parent/guardian get deployed overseas?
  - How many times?
- Did your parents/guardians live together before your parent/guardian was deployed?
  - Yes
  - No
- How long was your parent/guardian deployed? \_\_\_\_\_

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## Family Impact Screening Tool

- Did your parent/guardian experience combat?
  - Yes
  - No
- Was your parent/guardian injured during their training or deployment?
  - Yes
  - No
- Was your parent/guardian injured during combat?
  - Yes
  - No
- Was your parent/guardian diagnosed with any of these:
  - Post-Traumatic Stress Disorder
  - Traumatic Brain Injury
  - Traumatic Physical Injury (other than Brain Injury, ex. Loss of Limb, eyesight, hearing, scarring, etc.)
  - Chemical or Biological Exposure
- What was your parent/guardian like before deployment?

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## Family Impact Screening Tool

- How did your parent/guardian change (if at all) after he/she returned?
- What was your family like before deployment? (Questions for conversation – How did you get along, did you each have responsibilities or chores, did you have any money problems, did you have friends and family that you spent time with, etc.)
- What was your family like after deployment? (Questions for conversation – Did your family change anything like responsibilities while your parent was deployed, does your family get along or argue more, does anyone have more or less responsibility then that had in the past, etc.)
- Do you or did you go to the doctor for illness when your parent was away?
  - Yes
  - No
- If so, what did you go to the doctor for?

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## Family Impact Screening Tool

- Do you or did you see a counselor when your parent was away?
  - Yes
  - No
- If so, what did you see a counselor for?
- Does or did your parent or parents see a counselor?
  - Yes
  - No
- Why do or did they see a counselor?

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## Family Impact Screening Tool

- Have your grades been the same as always?
  - Yes
  - No
- If not, what do you think has changed?
- Do you worry about your parents or caregivers?
  - Yes
  - No
- If so, what do you worry about?
- What do you wish I could help you or your family do better?
- Would you like me to speak to your parents/guardian about your concerns?
  - Yes
  - No
- If not, what is your concern about me talking to your parents/guardian?

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## q&a

Any questions?

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## Jeffrey Natalie, LCSW

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