Treating Military Personnel and/or Their Families

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Objectives

• Be able to conceptualize the systemic impact of military family lifestyle factors (such as deployment) on individuals’ emotional wellbeing.

• Be able to identify appropriate systemic interventions to address difficulties and struggles within the military system.

• Be able to explore and identify resources and collaborative processes within the community to assist with military systems.
Task and Purpose

- Present cultural aspects of the United States military in order to prepare counselors to work with individuals (and families) who are or have served in the United States Armed Forces.

- Provide opportunity to engage in rich discussion unique to working within the military community.
Invitation

- For all of us to learn from each other and willingness to share best practices.

- To leave room if you are uncomfortable with any of the material presented
Resources

- Officer Insignias
  http://www.defenselink.mil/specials/insignia/officers.html

- Enlisted Insignia
  http://www.defenselink.mil/specials/insignia/enlisted.html
Resources (cont)

- Calling Military OneSource: 1-800-342-9647
  www.militaryonesource.com

- Going to the *Give an Hour* program website, which has an updated list of behavioral healthcare professionals who will provide free counseling to soldiers and/or their families:
  http://www.giveanhour.org

- National Military Family Association
  http://www.militaryfamily.org/
Resources (cont)

Dept of Veterans Affairs, National Center for PTSD

- http://www.ptsd.va.gov/

Defense Centers of Excellence, for Psychological Health & Traumatic Brain Injury


TRICARE Mental Health


Real Warriors

- http://www.realwarriors.net/
Resources (cont.)

- Dept of Veterans Affairs, Returning Service Members (OEF/OIF) [http://www.oefoif.va.gov/](http://www.oefoif.va.gov/)

- Going to or calling the nearby Veterans Administration clinic/hospital - Health Care: 1-877-222-8387
Resources (Cont.)

- The, and Referral Lifeline for Veteran National Toll-Free Crisis Management, Information and Families, 1-888-777-4443, seven days a week, 9:00 a.m to 9:00 p.m., Pacific Time.

- The National Suicide Prevention Hotline for Veterans, 1-800-273-TALK (8255) and press "1" to reach the VA hotline, 24 hours a day, seven days a week. Please also visit http://www.suicidepreventionlifeline.org/.
Why?

- The wars in Iraq and Afghanistan have exposed many soldiers and families to traumatic events. These situations have placed families in difficult situations which may result in adjustment or other biopsychosocial struggles.

- Counselors continue to gain access to this unique population through the passage of TRICARE legislation as well as implementation of Veterans Affairs (VA) job classification for Licensed Professional Counselors (LPC, LCPC, etc.).

- Individuals (and families) currently serving or with a history of past service present with distinct cultural factors.
How is the Military a culture in and of itself?

- The military is a culture in and of itself for it has its own set of values, beliefs, language, rituals, traditions, and other behaviors passed down from one generation of Soldiers/Marines/Airmen/Seamen to another (Helms & Cook, 1999).

- Each Military Department and Branch can be considered a subculture of the military.

- Additionally, the Military is made up of individuals that come from different social and cultural backgrounds.
Perceptions of the Military

- What are your personal perceptions of the military?

- Think about your perceptions now and what they are at the end of this session.
Perception of the Military

- Geico Commercial
- Sandbags holding back flood waters
- Recruiting Commercials

- How do your perceptions of the Military impact your work with Service Members, Veterans, and their families?
Making Connections

- Learn the terminology and/or ask for clarification

- What is your family’s military history?
Conversations and Connections

- **Counselor:** Good afternoon Mrs. Shannon, I see here that you have TRICARE as your health insurance provider. What branch of service are you or your family member in?

- **Service member:** I’m in the U.S. Air Force.

- **Counselor:** Really, my uncle was in the U.S. Air Force.

- **Service member:** What did he do in the Air Force?

- **Counselor:** Oh, I’m not sure.

- **Service member:** Do you know what unit he was in or where he was stationed?

- **Counselor:** No, not really.

- **Service member:** What about his rank?

- **Counselor:** I think he was a sergeant or something.
Current and Past Situations

- Combat Operations in Afghanistan and/or Iraq.
- Deployments to Kosovo and other peace keeping missions.
- Deployments in reaction to natural disasters.
- Duties to guard the border.
- Continuous training leading to many months in the “field.”
Impact of Combat Tours

- Psychological and physical trauma.

- Interpersonal Struggles.

- Stress on family and relationships.
Understanding Trauma Reactions
DSM-5

- A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
  - Experiencing the event(s) him/herself
  - Witnessing, in person, the event(s) as they occurred to others
  - Learning that the event(s) occurred to a close relative or close friend; in such cases, the actual or threatened death must have been violent or accidental (APA, 2013, p. 271)
DSM-5

- Experiencing repeated or extreme exposure to aversive details of the event(s) (e.g., first responders collecting body parts; police officers repeatedly exposed to details of child abuse); this does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related. (APA, 2013, p. 271)
What about the Family?

- Does it have to be hearing that something happened?

- Can the potential for something happening be just as difficult or traumatizing?
Interpersonal Trauma

- How does interpersonal trauma impact an individual?

- What is the relationship between physical trauma and interpersonal trauma?
What do soldiers struggle with?

- Control over one’s life.
- Influence of leaders on Soldiers’ lives.
- Regular Army soldiers are more accustomed to “active duty” service.
What do family members struggle with?

- Handling finances
- Prolonged exposure to potential Traumatic experiences?
- Multiple roles and role shifts/changes, extra responsibilities
- Ups and downs of deployment cycle
- Difficult to “let go” due to fear of having to go through it again
- Readjusting to presence of service member after lengthy separations
Unique Aspects of the NG

- Family members in the same unit

- Combat losses (or any losses) can have more interpersonal trauma due to life-long connections
Lone Sailor

• Active Duty units have their units/bases/and military communities

• National Guard units also have their communities and connections

• Concern regarding reserve Service Members and Active Duty Service members that get out and return home without many connections
Interventions

- Impulse Control – Needed overseas but may cause problems now
- Warmth and understanding/Normalizing
- Yellow Ribbon events
- Teach Relaxation Techniques
- Give it some time- debriefing after and close to the 100 day mark
- Service Dogs
Interventions

- Exposure Therapy and CBT
- Active listening, Education
- Goal Setting
- Psychopharmacology: example- Zoloft has been FDA approved for PTSD
- Family Therapy (Conflict with control and reintegration)
- Exercise Therapy (Ottati & Ferraro, 2009)
Please Consider

- Being open minded and learning about the military/Army culture from the soldier’s perspective.

- Be familiar with military jargon.

- Never attempt to say “I understand.”

- Being cautious with stating opinions and using different terminology.
Please Consider

- Being an advocate.
- Encouraging and promoting counseling/therapy no matter what others think.
Case Study

- Samantha Kline is a 14-year-old Philippine American who moved to Georgia after her mother, Lin Kline was stationed at Fort Benning. Samantha’s father is a Caucasian male who still lives in New York but has practically abandoned her and does not make many efforts to call or see her. Lin, a Specialists (SPC) in the Army is being mobilized to provide administrative support to a deploying unit that she will join.
Case Study

- Samantha’s grandmother, Hein Gonzales has come in from the Philippines to help take care of Samantha while her mother is gone. Hein speaks Spanish and English pretty well and worked as an educator back in the Philippines. After a couple of months of separation, Samantha starts to struggle with her schoolwork and she is having difficulty sleeping. Her grandmother makes an appointment to meet with the school counselor and expresses concern over Samantha’s behavior. Hein explains that Samantha has an emotional outburst whenever Hein watches the news and that Samantha’s face demonstrate expressions of immense fear whenever she hears the doorbell. Hein did find out that Samantha’s good friend, Jennifer, lost her father in Afghanistan and that Jennifer explains to Samantha how everything happened.
Case Study

- What are your concerns with this case?
- What are some of the cultural considerations to be aware of?
  - The family system:
  - The military culture and system:
- What approach might you take when working with Samantha?
- Would you include Samantha’s grandmother in the counseling? Why or why not?
What can I do?

- Prepare Mental Preparation of the Battlefield briefings for soldiers preparing to deploy.

- Educational and familiarization briefings for leaders.

- Prepare briefings for families and spouses of activities to do before, during, and after deployment.

- If in a combat zone, encourage 12 Step meetings and develop psychoeducational programs.

- Know Unit designations, names, and stations where Soldiers have served.
Questions
