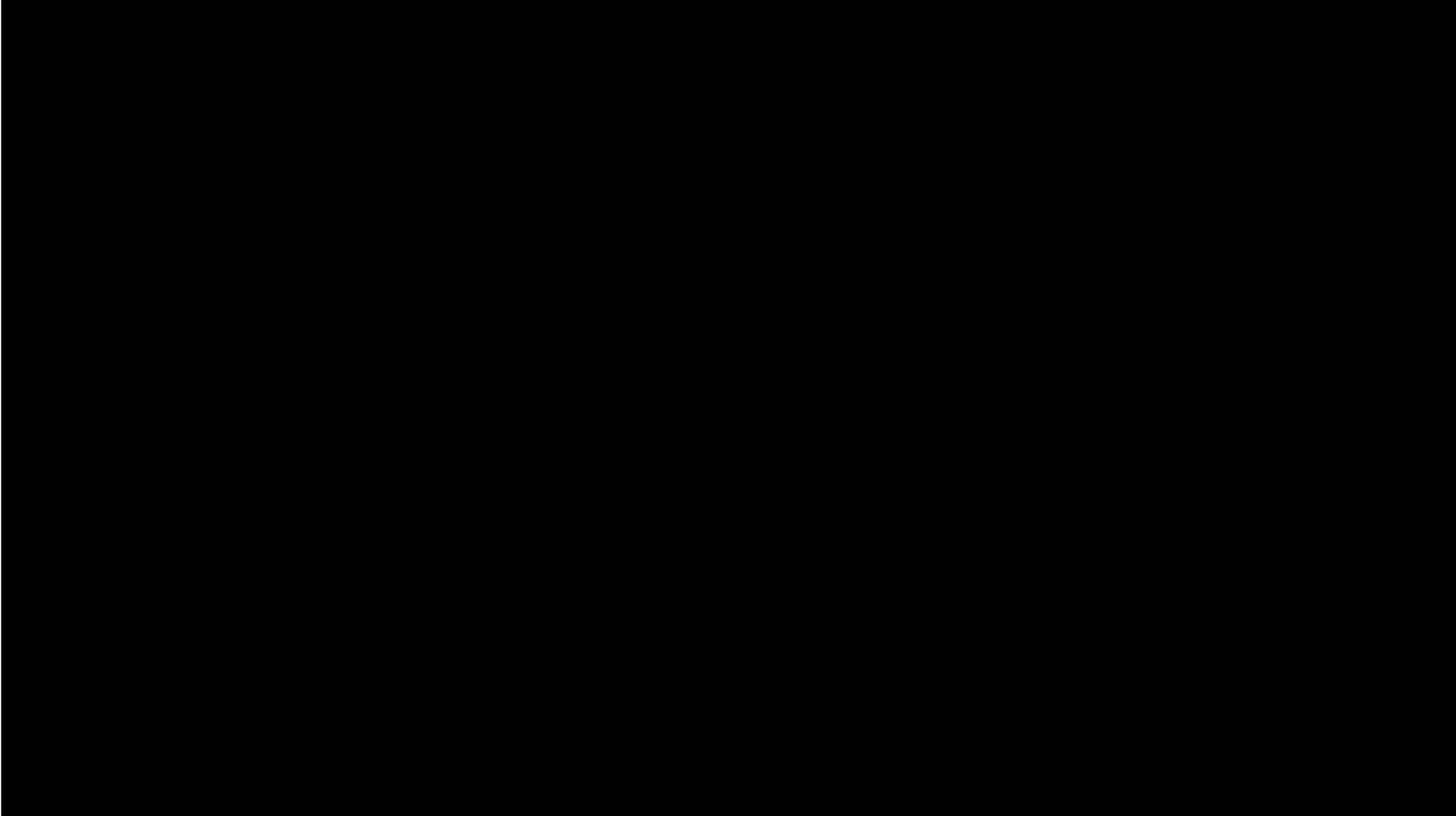


Faces of the Military Culture:
Making Therapeutic Connections

James R. Evans

Louisiana State University Shreveport

Christopher J. Seaman

Cognitive Processing Therapy Provider, MSW, LCSW

What is Culture?

Culture:

The behavior, patterns, beliefs, and all other products of a particular group of people that are passed on from generation to generation.

Ethnicity:

A dimension of culture based on cultural heritage, nationality, race, religion, and language.

Military IS its own Culture:

Counselors must understand & respect this culture in order to be effective with veteran clients!

Richard Brislin's Features of Culture:

1. Culture is made up of ideals, values, & assumptions about life that guide people's behaviors
2. Culture is made by people
3. Culture is transmitted from generation to generation
4. Culture's influence often becomes noticed the most in well-meaning clashes between people from very different cultural backgrounds
5. Despite compromises, cultural values still remain
6. When their cultural values are violated or cultural expectations are ignored, people react emotionally
7. It is not unusual for people to accept a cultural value at one point in their life and reject it at another point

1. Culture is made up of ideals, values, & assumptions about life that guide people's behaviors:

--Military has its own rules, language, code, & lifestyle

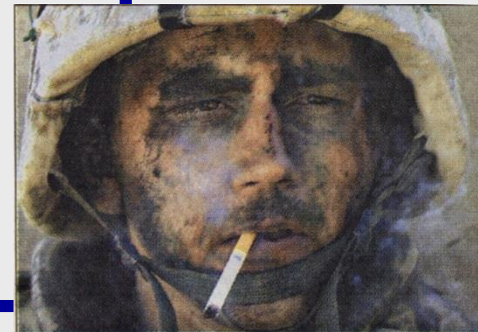
--When deployed, veteran free from societal constraints & entrenched in a very defined world with important roles

--Completely depend on fellow soldiers for support, comfort, defense, & share group identity (personal interests are subordinated to group interests & goals)

---Have "can do attitude"

--Trust issues with "outsiders" (law enforcement personnel have similar concerns)

---They do not need help—sign of weakness or surrender (equals death to a veteran)



2. Culture is made by people:

--All volunteer military force

--With eroding pay/benefits, decision to join military driven by national pride, duty/honor, adventure, & job experience opportunities/education

--Veterans are highly educated, this is even encouraged

--Ethnically diverse with larger female representation

--Each branch of military has its own language

---It can be perceived as hostile, due to volume, pitch, profanity, & social differences in terms

--It is am melting pot of race, religion, gender, etc.

---Veterans have increased cultural competence

---A bond exists between veterans in which these factors are NOT a factor

3. Culture is transmitted from generation to generation:

--From basic training, the culture of the military is taught & cultivated in technical training, even enhanced via professional military schools

--Organizational structure and operations are cultural tools of transmission

--Senior leadership pass on the culture that was passed on to them

--Veterans seek entertainment, activities, recreation, and even party together

--Substance use, especially alcohol, is a part of the culture

Socialization is…

The process by which people acquire the behaviors and beliefs of their culture

Socialization Outcomes

--Self-regulation – ability to comply with social norms

--Role preparation – for roles in work, deployments, coming home

--Cultivation of sources of meaning – what is important, valued, & to be lived for

4. Culture's influence often becomes noticed the most in well-meaning clashes between people from very different cultural backgrounds:

--Warrior is respected historically in human history

---Today, wars are more about "politics" & generally not perceived as legitimate—veteran suffers the psychic cost for this ambiguity

--Shared public understanding of war significantly reduces veteran's readjustment

---Less than 7% of Americans are veterans

---What veterans have experienced does not seem relevant in the U.S.

---Empty, reflex phrases—"thank you for your service"—serves to show the immense gap between military & civilian society

5. Despite compromises, cultural values still remain:

--Each branch of the military represents a subculture of its own

---Training is unique team building effort

---Combat is different (technical versus physical)

--Trauma of combat interwoven with other positive experiences—difficult to separate from the harm

--Coming home to sleep without the group security can be a challenge

--If military personnel seek help, they fear removal from occupation (career over) or loss of security clearance

6. When their cultural values are violated or cultural expectations are ignored, people react emotionally:

--Problem not the battlefield but re-entry into society

---Unsure what to share about their deployment

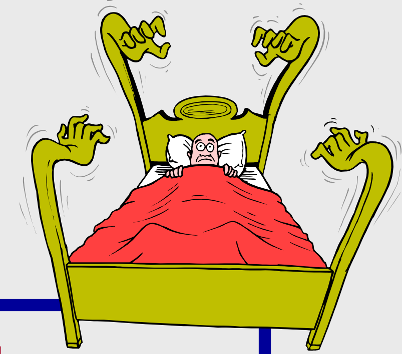
--Our individualistic American culture is cold, technical, alienating, & measures of success/happiness is mystifying (evolution codes humans to be close!)

---Cross-cultural studies paint a grim picture of our American psychological health

--During the deployment, human behavior in war included: loyalty, interpersonal trust, cooperation—missing in our modern culture

--Studies predict PTSD twice as likely, if person lacks social support

7. It is not unusual for people to accept a cultural value at one point in their life and reject it at another point:



--Reintegration challenges to American culture as veterans transition from deployment or to civilian life

--High levels of training seem to counteract the challenges of combat

--80% recover from the combat experiences

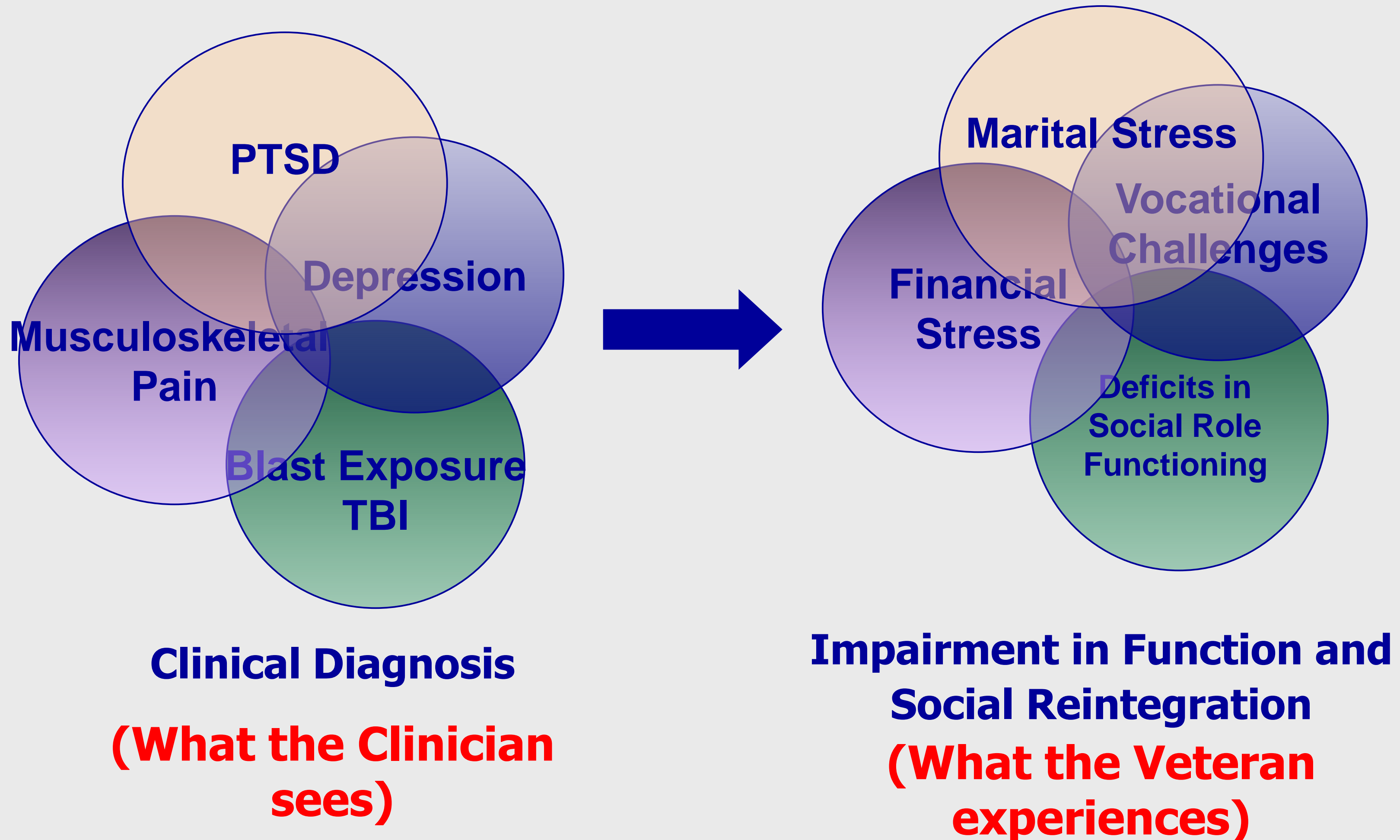
--Those failing to overcome the trauma, often had psychological issues before coming into the military

--Focus on family & community can put a person into a collective healing circumstance

--While deployed, family members will take on roles that the veteran would normally do

---Friction occurs when veteran returns to reassume those tasks

How does Deployments affect Health?



Reintegration Challenges:

- **Feeling 'keyed up'** in a crowd (i.e., Walmart), or at the office; Feeling anxious when it may be difficult to exit (a restaurant, movie theater, etc.)
- **Difficulties with Sleep**: Nightmares, can't fall asleep/disrupted sleep
- **Driving** too fast or aggressively
- **Difficulty relaxing** via healthy means; self-medicating? Escape?
- **Emotional numbness** in everyday events and interactions with others

Reintegration Challenges (cont.):

- **Re-establishing Family and Relationship Bonds** that may have changed over time
- **Letting go of control** in shared decision-making; only 'need to know' communication style; struggle dealing with conflicts effectively
- **Intense emotional expression** (anger); feeling shut-down (numb)
- **Financial Stress**: Stress associated with not working; cost of living beyond their means
- **Feeling Disconnected**: Isolation; only my 'battle buddies' understand

How to work with veterans?

- You do NOT have to be a veteran to help one, you MUST operate out of respect for the veteran culture
- Understand veterans are a challenge to help—they do not ask for help & may not know they need help

Counseling Challenge:

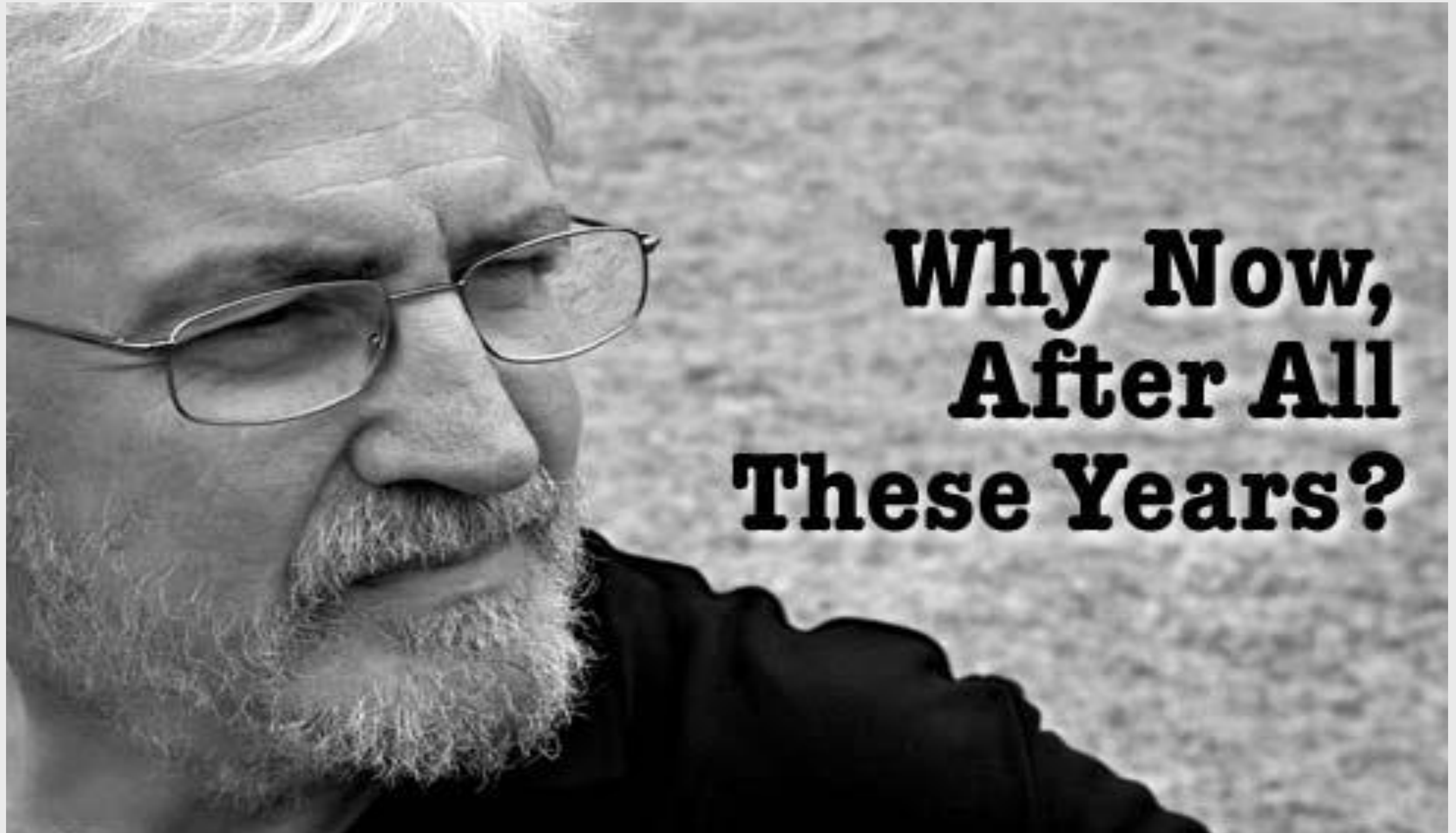
Not to guide them away from the war and its effects, but to support and accompany them through it…

We do not come home *from* war,
We come home *with* war.

Common Problems

- **PTSD**
- **SUDS - Substance Use Disorders**
- **Family struggles**
- **Depression and Anxiety**
- **Loss of purpose**
- **Financial worries**
- **Homelessness**

Post Traumatic Stress Disorder



Post Traumatic Stress Disorder

DSM-V Criteria

1st first DSM criterion has **4 components**, as follows:

1. Directly experiencing the traumatic event(s)
2. Witnessing, in person, the event(s) as it occurred to others
3. Learning that the traumatic event(s) occurred to a close family member or friend
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s); this does not apply to exposure through media such as television, movies, or pictures

Post Traumatic Stress Disorder

DSM-V Criteria

2nd criterion involves the **persistent re-experiencing of the event** in one of several ways:

Thoughts or perception

Images

Dreams

Illusions or hallucinations

Dissociative flashback episodes

Intense psychological distress or reactivity to cues that symbolize some aspect of the event

3rd criterion involves **avoidance** of stimuli that are associated with the trauma and **numbing of general responsiveness…**

Avoidance of thoughts, feelings, or conversations associated with the event

Post Traumatic Stress Disorder

DSM-V Criteria

4th criterion is **two or more of the following Inability to remember an important aspect of the event(s)**…

Persistent and exaggerated **negative beliefs about oneself, others, or the world**

Persistent, distorted cognitions about the cause or consequences of the event(s)

Persistent **negative emotional state**

Markedly **diminished interest or participation in significant activities**

Feelings of **detachment or estrangement from others**

Persistent **inability to experience positive emotions**

Post Traumatic Stress Disorder

DSM-V Criteria

5th criterion is marked alterations in arousal and reactivity, as evidenced by two or more of the following:

- Irritable behavior and angry outbursts
- Reckless or self-destructive behavior
- Hypervigilance
- Exaggerated startle response
- Concentration problems
- **Sleep disturbance**

Post Traumatic Stress Disorder

DSM-V Criteria

Remaining criteria are as follows:

- Duration of symptoms is more than one month
- Disturbance causes clinically significant distress or impairment in functioning

SUDS – Substance Use Disorders

Substance use disorders span a wide variety of problems arising from substance use, and cover eleven different criteria:

1. Taking the substance in **larger amounts** or for longer than the you meant to
2. Wanting to cut down or stop using the substance but not managing to
3. Spending a lot of time getting, using, or **recovering** from use of the substance
4. Cravings and urges to use the substance
5. **Not managing to do what you should** at work, home or school, because of substance use
6. Continuing to use, even when **it causes problems in relationships**

SUDS – Substance Use Disorders (cont.)

7. Giving up important social, occupational or recreational activities because of substance use
8. Using substances again and again, even when it puts the you in danger
9. Continuing to use, even when you **know you have a physical or psychological problem** that could have been caused or made worse by the substance
10. Needing more of the substance to get the effect you want (tolerance)
11. Development of **withdrawal symptoms**, which can be relieved by taking more of the substance

PTSD Treatment

1. PE – Prolonged Exposure Therapy

2. CPT – Cognitive Processing Therapy

Prolonged Exposure Therapy

- PE is psychotherapy for PTSD
- PE is a form of **Cognitive Behavioral Therapy**
- PE teaches you to **gradually** approach trauma-related **memories**, **feelings**, and situations that the client has been **avoiding** since the trauma
- By **confronting** these challenges, you can actually **decrease PTSD symptoms**

Prolonged Exposure Therapy (cont.)

How Does It Work?

- People with PTSD often try to **avoid** anything that reminds them of the trauma
- **Avoiding** these **feelings and situations** actually **keeps people from recovering from PTSD**
- PE works by helping the client **face their fears**
- **Goal** is to **decrease PTSD symptoms** and regain more control of life

Prolonged Exposure Therapy (cont.)

- PE is an individual therapy
- PE usually takes 8-15 weekly sessions, so treatment lasts about 3 months
- In PE, you **expose the client to the thoughts, feelings, and situations that they have been avoiding**
- **Talk** about the **trauma over and over**

Cognitive Processing Therapy

- CPT helps the client **learn to identify and change their thoughts**
- Changing how the client thinks about the trauma can help change how the client feels
- **Socratic Questioning** – the therapist **probes** the client's **thoughts** about the **traumatic event(s)** and/or their **thoughts after the event**

Cognitive Processing Therapy (cont.)

How Does It Work?

- Client talks with the therapist & fills out worksheets about the negative thoughts & beliefs that are upsetting
- Therapist will help **challenge** those **thoughts** about the trauma in a way that is less upsetting

Cognitive Processing Therapy (cont.)

Goals of CPT:

- Improve understanding of PTSD
- Exit treatment with the confidence and ability to use adaptive coping strategies in their post-treatment lives
- Reduce distress about memories of the trauma
- Decrease emotional numbing (i.e., difficulty feeling feelings) & avoidance of trauma reminders
- Reduce feelings of being tense or “on edge”
- Decrease depression, anxiety, guilt or shame

Cognitive Processing Therapy (cont.)

Topics Covered During CPT:

- **Meaning** of the **traumatic event(s)**
- **Identification** of **thoughts** and **feelings**
- **Trust** issues
- **Safety** issues
- **Power** and **Control** issues
- **Esteem** issues
- **Intimacy** issues

Comorbidity of PTSD and SUD

Substantial majority of Veterans with PTSD have met criteria for comorbid substance use at some point

-***The National Vietnam Veterans Readjustment Study, conducted in the 1980s,*** **found 74% of Vietnam Veterans with PTSD had comorbid SUD**

Comorbidity of PTSD and SUD

During the past 10 years, the number of Veterans with comorbid SUD and PTSD in VA care has increased over three-fold

-In 2012, the prevalence of PTSD among Veterans receiving specialized SUD care was 32%

Comorbidity of PTSD and SUD

Data strongly supports the model in which PTSD precedes the substance use and **substances are used as a symptom management strategy**

-Then, **withdrawal symptoms** may **trigger** and exacerbate **PTSD symptoms**, initiating a cycle that precipitates poorer addiction outcomes

- It is critical that treatments address PTSD as well as the SUD

Comorbidity of PTSD and SUD

Clinicians working with Veterans will likely need to **address** co-occurring **PTSD and SUD**

-They can also be a **challenge to treat**

-Patients with co-occurring PTSD and SUD ***do not need to wait*** for a substantial period of abstinence before addressing their PTSD

Questions???

Contact Information:

--James Evans: James.Evans@lsus.edu
(318) 795-4211

Thank you for attending our presentation!