

Maryland's Commitment to Veterans

Serving the Behavioral Health Needs of Maryland's Veterans



MARYLAND
Department of Health

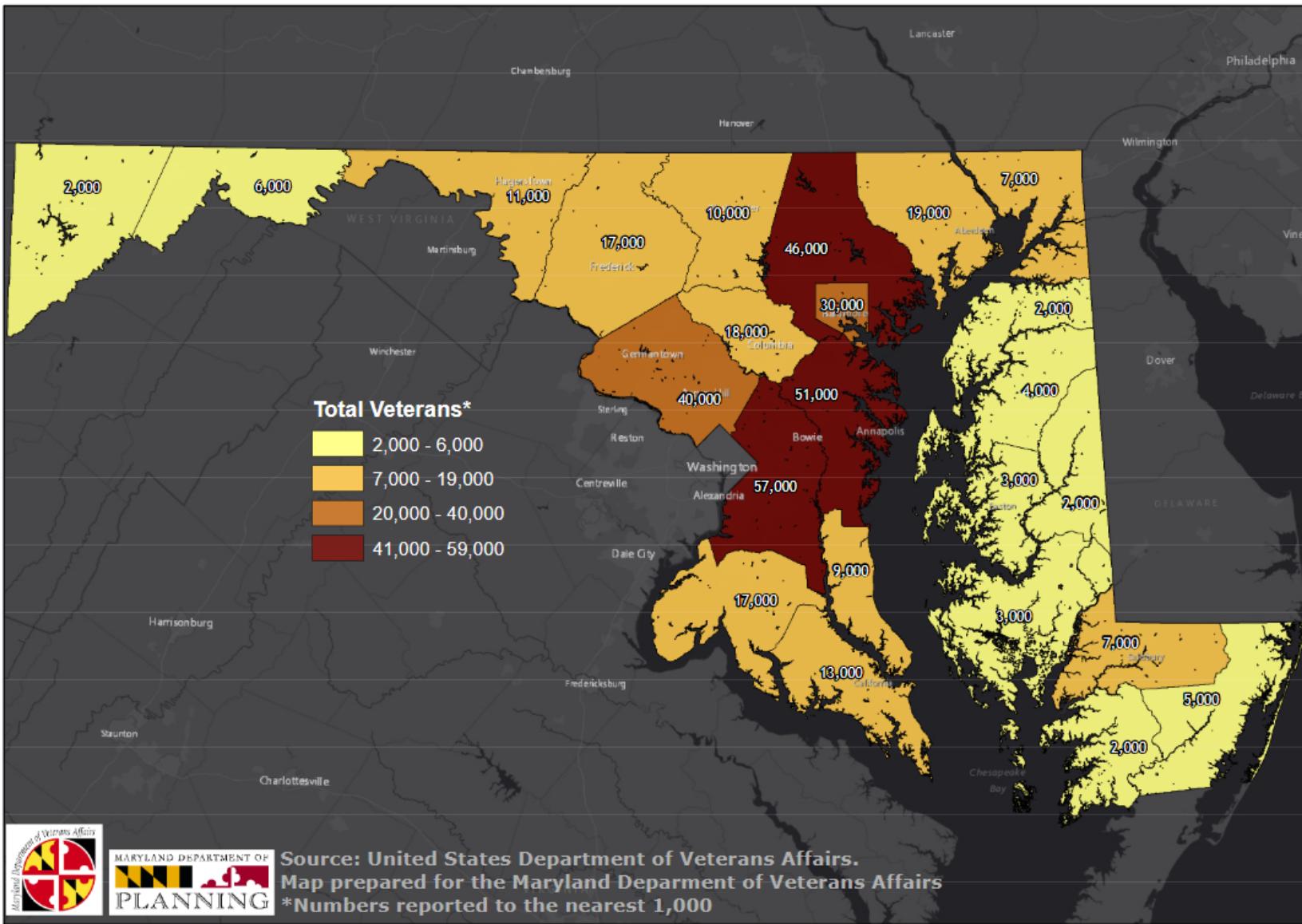


About MCV

- A collaboration between Maryland's Department of Health; United States Department of Veterans Affairs; Maryland Department of Veterans Affairs; Department of Labor, Licensing and Regulation, Maryland Higher Education Commission
- Assist veterans and their families with coordinating behavioral health services for the veteran, including mental health and substance abuse services- either with the VA or Maryland's public health system.
- Provide information and referrals related to employment, education, housing, VA benefits.
- Outreach: educate residents, veterans (i.e. Maryland National Guard) and community groups about MCV.

Projected Number of Veterans in Maryland by County:2018

***Total Projected Veterans in Maryland: 380,000**



Source: United States Department of Veterans Affairs.

Map prepared for the Maryland Department of Veterans Affairs

***Numbers reported to the nearest 1,000**



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Behavioral Health Coordination

- Mental health and substance abuse counseling services are initially attempted through the US Federal Department of Veterans Affairs
- If services are not available or if the veteran prefers, veterans are provided with services in the community through state and local behavioral health systems as well as not for profits.
- Veterans designated as special population under Public Mental Health System which means they do not need to meet typical eligibility requirements like income to qualify for uninsured services through Beacon Health.



For more information.....

Visit our website:

veterans.health.maryland.gov

Or call our hotline:

1-877-770-4801



Purpose of Training

- Introduction to branches of military and common experiences of service members and Veterans
- Learn about military and Veteran culture
- Debunk myths and misconceptions about military service and Veterans
- Learn and practice strategies to effectively engage Veterans

Disclaimers & Our Intent:

1. This training is intended only to “add tools to your toolbox”. Nothing contained within the contents of this presentation should ever replace basic Officer safety considerations.
2. While our ultimate goal is to ensure the safety of EVERYONE involved, we must always remember that it is the SUBJECT who has chosen this path and it is the SUBJECT whom will likely dictate the outcome.
3. During this presentation, we will present some material which may be *interpreted* as painting a negative picture of our Veterans. Please keep in mind that the VAST MAJORITY of all Veterans are honorable, law-abiding citizens whom are much more likely to come to your aide than confront you in a hostile situation. We have both dedicated our careers to helping and protecting those whom have served our nation and only present this information in hopes of achieving a PEACEFUL outcome for EVERYONE involved- through gainful insight into the Veteran (warrior) mindset.
4. We will be talking about a number of serious topics, if you need to leave at any point, please feel free! Also we will be around after the training if anyone needs to speak about any personal concerns.



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Branches of the Armed Services



Active Duty Branches

Reserves Components



National Guard Components



Components

DIFFERENCE BETWEEN ACTIVE DUTY, NATIONAL GUARD AND RESERVE

- **Active Duty:** Full-time service members in the military who are stationed all around the world. Service members and their family live on or nearby a military base and may be deployed or asked to move at any time.
- **National Guard:** The National Guard is federally funded but is organized and controlled by the state. It contains part-time members who can be deployed overseas if needed, but are usually used for domestic matters. They are called in to help during natural disasters and emergencies. It is important to note: civilian providers should ask these individuals about their experiences providing support for domestic crises, such as natural disasters.
- **Reserve:** Each branch of the military has a Reserve, which contains part-time members who usually serve one weekend a month and two weeks a year. The Reserve has trained units and qualified people to be available for Active Duty if needed. The main job of the Reserves is to fill in gaps when Active Duty is deployed overseas.

Military Service Member Data

A total of 1.4 million active duty; this number is 30.8 percent smaller than it was in 1990, when there were 2.1 active duty members.

- Army (561,979)
- Air Force (329,640)
- Navy (323,139)
- Marine Corps (202,612)
- Coast Guard (41,327)

What about women and minorities?

- Women now comprise 14.4 percent (about 200,000) of the active duty force
- Minorities comprise 30 percent (about 425,100) of the active duty force
- (These percentages are significantly lower than 2008 data.)

What about their family status?

Active duty service members have more family members (1.9 million) than there are service members (1.4 million). Approximately 56 percent are married:

- 70 percent of officers
- 53 percent of enlisted personnel
- 7 percent are in dual-military marriages
- 39 percent of active duty members who are married have children
- 5 percent are single parents
- (The largest group of children is between birth and 5 years old, about 527,670.)



National Guard and Reserve Units

Reserves

- There are reserves for each service
- Reserves have a similar schedule as the National Guard.
- To be in the Reserves, you must complete Boot Camp and MOS Training the same as active duty personnel.

National Guard

- 2 components, Air National Guard and Army National Guard
- In 1903, the name National Guard was used to identify state militias. Then in 1933, the Guard came under mixed state and Federal control.
- Just like the Reserve Forces, the members of the Guard must complete Boot Camp and MOS Training.
- The Guard is seen as a Reserve force defined by state.
- Every state in the Union has a National Guard force.
- National Guard and Reserves duties have dramatically changed in recent years.



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National Guard and Reserve Units

- When called to active duty, Reserve and National Guard forces qualify for active duty pay and benefits, including VA benefits.
- The Reserves usually come before the National Guard when it comes to wartime activation.
- In peacetime conditions, Reserve and National Guard forces perform their military obligation one weekend each month and two-weeks of annual training per year.
- During the wars in Iraq and Afghanistan, increased numbers of Reserve and National Guard members have been called into active duty and are therefore more likely to present for care.



Training

Basic Principles of Recruit Training

- **Marines:** Rise at 0500, train until 2000
- **Army:** Rise at 0600, train until 1900
- **Navy:** Rise at 0900, train until 1100, lunch until 1300, train until 1600
- **Air Force:** Rise at 1000, breakfast in bed, lunch at 1200, nap at 1400, training ceases at 1500

Reserve and National Guard Service Member Data

- The Reserve and Guard Force consists of 857,261; the Reserve force is 29 percent smaller than it was in 1990, when there were almost 1.2 million reservists.

What about women and minorities?

- Women comprise about 18 percent (153,071) the Reserve force.
- Racial minorities comprise 24 percent (206,161) of the Reserve force.

What about their family status?

These service members have more family members (1.6 million) than there are service members (857,261). Just under half, or 48 percent, are married:

- 71 percent of officers
- 44 percent of enlisted personnel
- 3 percent are in dual-military marriages
- 34 percent of those who are married have children.
- 9 percent are single parents.
- The largest group of children is between the ages of 12 and 18 years (225,937) and the next largest group is between the ages of 6 and 11 years (224,085).

Every member must take an oath.

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God."



Common Reasons Why Members Join

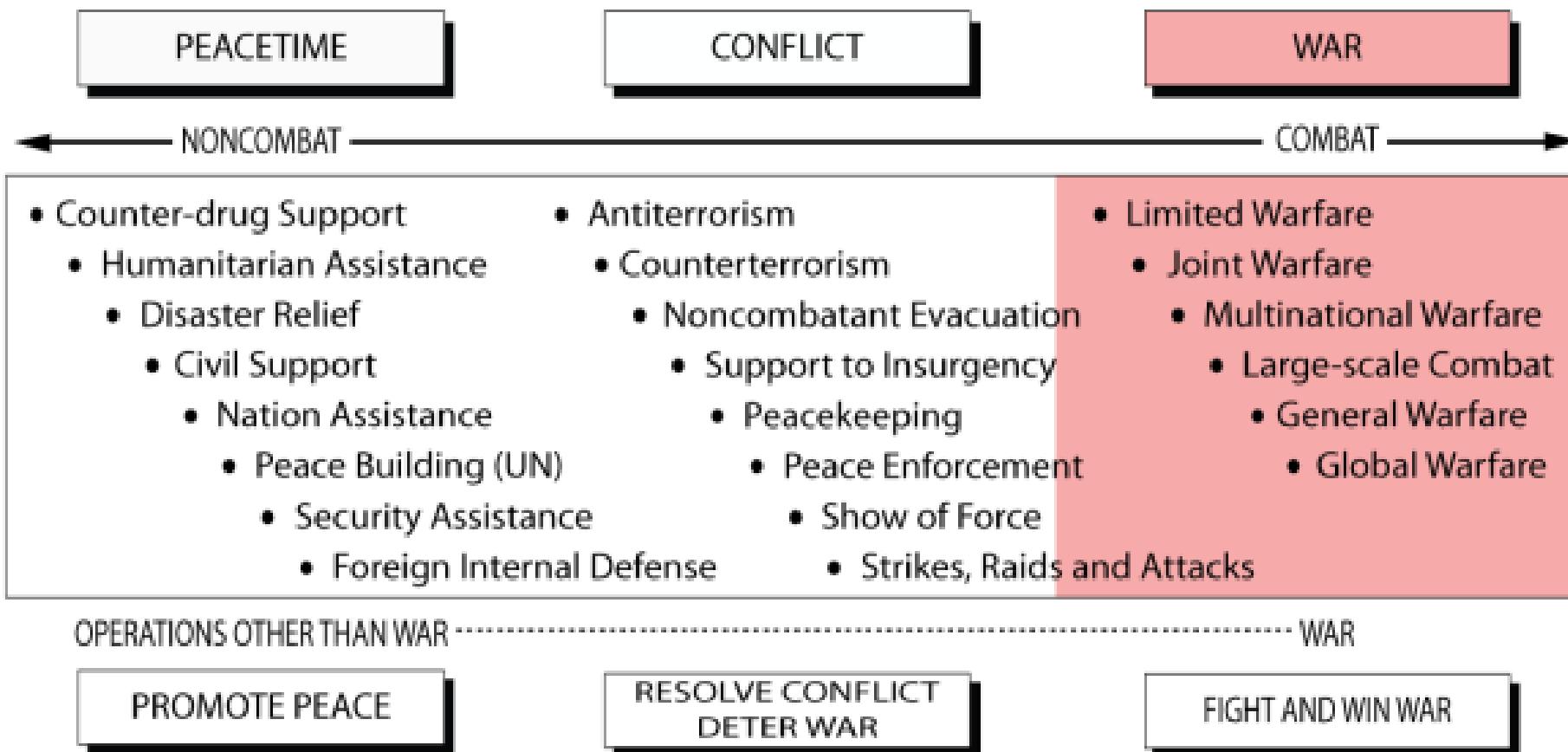
- Defined in Terms of Values with Both Personal and Social Significance
- Challenge
- Service/Sacrifice
- Education/Training Opportunities
- Economic Issues—Bonus
- Sense of Adventure/Escape Life Situation

Basic Training: Cultural Expectations of recruit

- Relinquish portions of his/her independent identity and self-determination
- Allow him/herself to be directed by the leaders of the team
- Agree to adopt the team's goals as his/her own
- Learn the major military hierarchies, become aware of their own positions in these hierarchies, and to accept them as a necessary and normal part of life.

Military Missions

The missions performed by military organizations are both numerous and rapidly evolving, requiring diverse organizational structures and occupational roles.





Military Value System

- **Army** Loyalty, Duty, Respect, Selfless Service, Honor, Integrity, and Personal Courage (LDRSHIP)
- **Navy and Marine Corps** Honor, Courage, and Commitment
- **Air Force** Integrity First, Service Before Self, and Excellence in All We Do
- **Coast Guard** Honor, Respect, and Devotion to Duty

In addition to the values established by each branch of the military, service members tend to follow and/or live by a few principles or ways of thought (some written, some unwritten):

- Unit Cohesion- Much regard and respect for comrades and leadership. Always a desire to contribute to the success of the mission and unit
- Concern for Reputation- Fear of disappointing and/or breaking the trust of superiors as well as comrades. Always a desire to contribute to the success of the mission
- Never Leave a Man Behind- That goes for on the battlefield and at the local bar
- Stoicism- Controlling emotions; the inability to do this could be a sign of weakness



Military Ethos

Strength	Guiding Ideal	Vulnerability
Placing the welfare of others above one's own welfare	Selflessness	Not seeking help for health problems because attending to personal health is not a priority
Commitment to accomplishing missions and protecting comrades in arms	Loyalty	Survivor guilt and complicated bereavement after losing friends
Toughness and ability to endure hardships without complaint	Stoicism	Not acknowledging significant symptoms and suffering after returning home
Following an internal moral compass to choose "right" over "wrong"	Moral Code	Feeling frustrated and betrayed when others fail to follow a moral code
Becoming the best and most effective professional possible	Excellence	Feeling ashamed of (or not acknowledging) imperfections

ADDRESSING A SERVICE MEMBER

- Army = Soldier
- Navy = Sailor
- Marine Corps = Marine
- Air Force = Airman
- Coast Guard = Coast Guardsman/Guardian

OFFICERS vs. NCO

Commissioned Officers (O-1 through O-10, 14%): plan, lead, organize, requires at least a bachelors degree

Warrant Officers (W-1 through W-5, 2%): highly specialized experts in specific fields (I.E. maintenance, aviation, logistics)

Enlisted (E-1 through E-9, 84%): execute assigned tasks given to them by superiors, perform specific duties and job functions

Non Commissioned Officers (NCOs): implement, lead, train/teach (also enlisted, E-4 and above)



TIPS to demonstrate cultural competence

- Veterans will vary in their openness to discussing military experience.
- Consider the following questions to engage Veterans in talking about their service:
 - In which branch did you serve?
 - What was your job or MOS?
 - What type of training did you receive?
 - When and where did you serve?
- Be aware of the differences among officers, noncommissioned officers, and junior enlisted personnel.
- Consider asking
 - What was your highest rank?
 - What types of leadership experience did you have?
- Recognition of their rank for some Veterans can be a way to communicate respect and cultural competence

TIPS To Demonstrate Cultural Competence

- Avoid referring to all service members as “soldiers,” which refers only to those who serve in the Army. Refer to those who serve in the Navy, Air Force, Marines and Coast Guard as sailors, airmen, marines, and guardsmen respectively.
- *Servicemembers or troops* refers to those who serve in the military—Active Duty, Reserves, and National Guard personnel in all branches of service.
- *Veterans* refers to those who have served in the military. Not all veterans served in combat, and all veterans are not eligible for the same benefits.
- *Military families* refers to family members of both service members and veterans.
- Consider hanging a sign in your program that indicates to Veterans and Service Members that you would like to know if they have served





History of Recent Conflicts

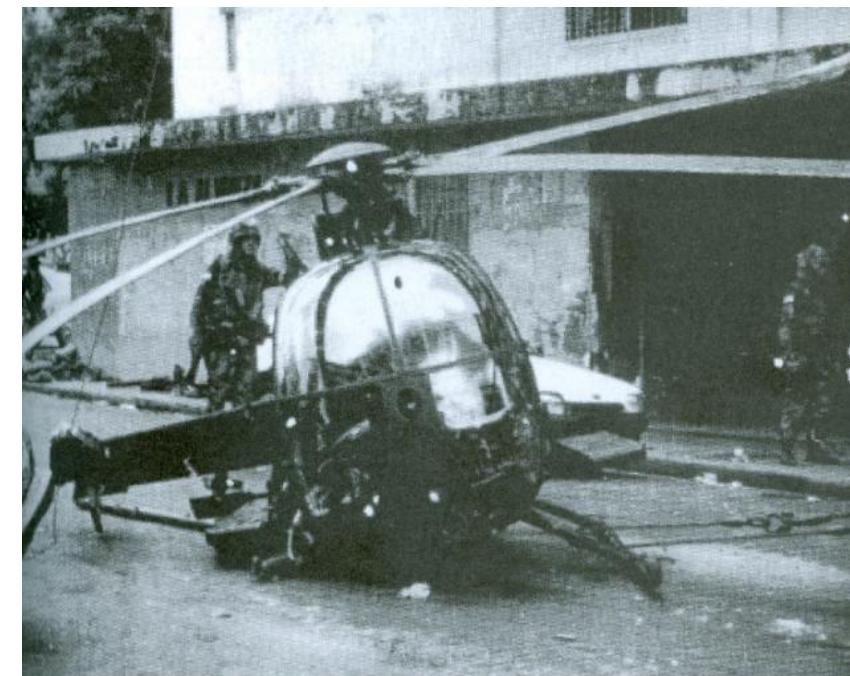
- World War II (1941-1945)
 - 14M w/400K deaths and 670K wounded
- Korean War (1950-1953)
 - 1.7M w/36K deaths and 92K wounded
- Vietnam (1961-1975)*
 - 2.5M w/58K deaths and 303K wounded
- Lebanon (1982-84)
 - 265 deaths



*Military advisors 1950 - 1961

History of Recent Conflicts

- Grenada (1983)
 - 19 deaths & 116 wounded
- Panama (1989)
 - 23 deaths & 324 wounded
- First Gulf War (1990-91)
 - 700K w/383 deaths & 487 wounded
- Somalia (1993)
 - 43 deaths
- Bosnia (1993-95)
 - 12 deaths & 6 wounded
- Kosovo (1998-99)
 - 20 deaths & 2 wounded



The Current Conflicts

- Operation Enduring Freedom/OEF (2001-present)
- Operation Iraqi Freedom/OIF (2003-present)
 - > 2 million have served
 - 52% Active Duty; 48% Guard & Reserve





Commonality in Conflict-Stressors

- High Risk Occupation
- Harsh, Lethal Environment (Personal Threat/Loss of Life)
- Number and Length of Deployments
- Personal History/Experience Prior to Deployment
- Perception of Expectations Fulfilled
- Separation from Family

Differences between Conflicts-Stressors

- Length of Conflict
- Threat
- Technology
- Weapons
- Individual Protective Equipment
- Environmental Exposures
- Media Influence
- Role of VSOs
- Casualties



Characters of discharge

1. **Honorable Discharge**: This type of discharge also is key to being eligible for a host of veteran's benefits provided by federal, state and sometimes even local governments. These benefits include, but are not limited to, educational grants and loans, home grants and loans, business loans, and job preference benefits.
2. **General Under Honorable Conditions**: This type of discharge is given for a veritable laundry list of reasons (e.g., drug or alcohol abuse)
3. **Other Than Honorable (OTH)**: This discharge is usually given after administrative separation board based most commonly for failure of a drug or alcohol urinalysis test, but also can be based upon other misconduct. This type of discharge can only be given when a service member has been given significant opportunity to consult with counsel and refute any charges in an administrative hearing before an impartial board of officers with the assistance of counsel
4. **Bad Conduct Discharge (BCD)** and
5. **Dishonorable Discharge (DD)**: These discharges are given only after court-martial proceedings in which the accused can exercise his full panoply of constitutional rights. Individuals with these types of discharges can expect to experience considerable prejudice shown by future employers due to the nature of their discharge and once again they are generally precluded from receiving veteran's benefits of any variety.
6. **Entry Level (ELD)**: This discharge is given to service members within the first 180 days of an initial enlistment, and is given for any number of reasons ... failure to conform, participate, mental health issues, physical issues, or others. This ELD is called a non-characterized discharge because the type of service is not characterized. The holder of such a discharge cannot expect to receive any veteran's benefits (also because hasn't fulfilled 24 month



Importance of DD 214

- Confirms military service
- Shows time in service (both active and reserve duty)
- Lists MOS's
- Lists all of the awards/medals an individual has earned
- Lists time and length of deployments
- Is an important document when a Veteran applies for benefits.

Transition from Service

Nature of Separation

Difficulties with separation include:

- Service members may feel let down or even betrayed by those they once trusted, or feel abandoned by those who once cared about their welfare (this betrayal can be extended to VA)
- Service members may feel they let their comrades down. These feelings may complicate separation from service and subsequent adjustment to civilian life.
- Maintaining contact with military organizations and former peers may help.

Transition from Service Challenges

- Some service members find the transition to full-time civilian life challenging due to the lack of similar structures
 - Regimented routines
 - Order and command
- Additionally, because service members often train to an amazing level of proficiency in their field, with a great deal of responsibility, it can be especially hard to transition to civilian employment at times.

Ranks and responsibility: The difficulties of leaving this behind

- By the end of the first tour, many enlisted Service members have already been promoted to the ranks of noncommissioned officer (E4 or below).
- Assuming additional responsibilities as the leader of a small unit, such as a squad, flight, or section, offers Service members both greater challenges and greater rewards.
- It also makes them more directly responsible for the lives and safety of other members of their unit.

Military: Collective

- Part of a tight knit, cohesive group/unit
- The unit's goals are always placed ahead of one's personal goals
- Emotionally invested in the group/unit

Civilian: Individualistic

- Emphasis is on individual achievement
- Self-Reliance by western standards
- In the civilian sector, people's jobs are what they do. In the military one's job is a profound characterization of identity among their peers/unit/etc.
- For both military members and their families, military life provides a great sense of community as well as distinctly structured expectations, rules and, guidelines.

Transitioning from Combat to home

Combat

Cohesion with buddies
Accountability and control
Targeted aggression
Tactical awareness
Lethally armed
Emotional control
Non-defensive driving
Discipline and obeying orders

Home

Withdrawal from others
Lack of control
Inappropriate aggression
Hypervigilence
“Locked and loaded” at home
Detached and uncaring
Aggressive driving
Giving orders leads to conflict
(no clear “chain of command”)

Military Training and the Combat Environment

- Military skills are taught through over-learning, over-learning, and more over-learning
- Emphasis is placed on detecting the **THREAT**
 - Without active thought
 - Once detected, must act quickly, aggressively, and confidently
- Complacency = death of self and others
- This way of thinking becomes second nature, and saves lives in a combat zone



Other reasons it can be challenging to adjust to civilian life

- Service members who have deployed out of country may have been witnesses to deep poverty, lawlessness, severe neglect etc.
- Returning to Western Society can be jarring and difficult to accept.
- Service members may perceive a lack of awareness and appreciation from civilians.

Cultural Elements for Veterans



- Some Veterans transfer their attachments and allegiances from the military organizations to which they once belonged to various Veterans organizations.
- Others maintain their identities as former members of the military (not synonymous with "Veterans") by displaying articles of clothing, patches, jewelry, bumper stickers, and other signs of continued identification with military Service branches and operational units
- Yet others may have disappointment when their expectations of military culture are not consistent with their Veteran experience.



A little bit about veteran culture

- Veterans stick together and tend to help one another.
- Not all Veterans have been involved in combat.
- Not all have gone overseas.
- Veterans identify by their past military occupations.
- Most Veterans like to talk about their time in the military.
- Most Veterans are proud that they served.
- Many Service members maintain communications for years or decades with former unit members by e-mail, phone, or physical presence at reunions.
- For some Veterans, their commanding officer or small unit leader will always be someone they respect and may turn to in times of need.

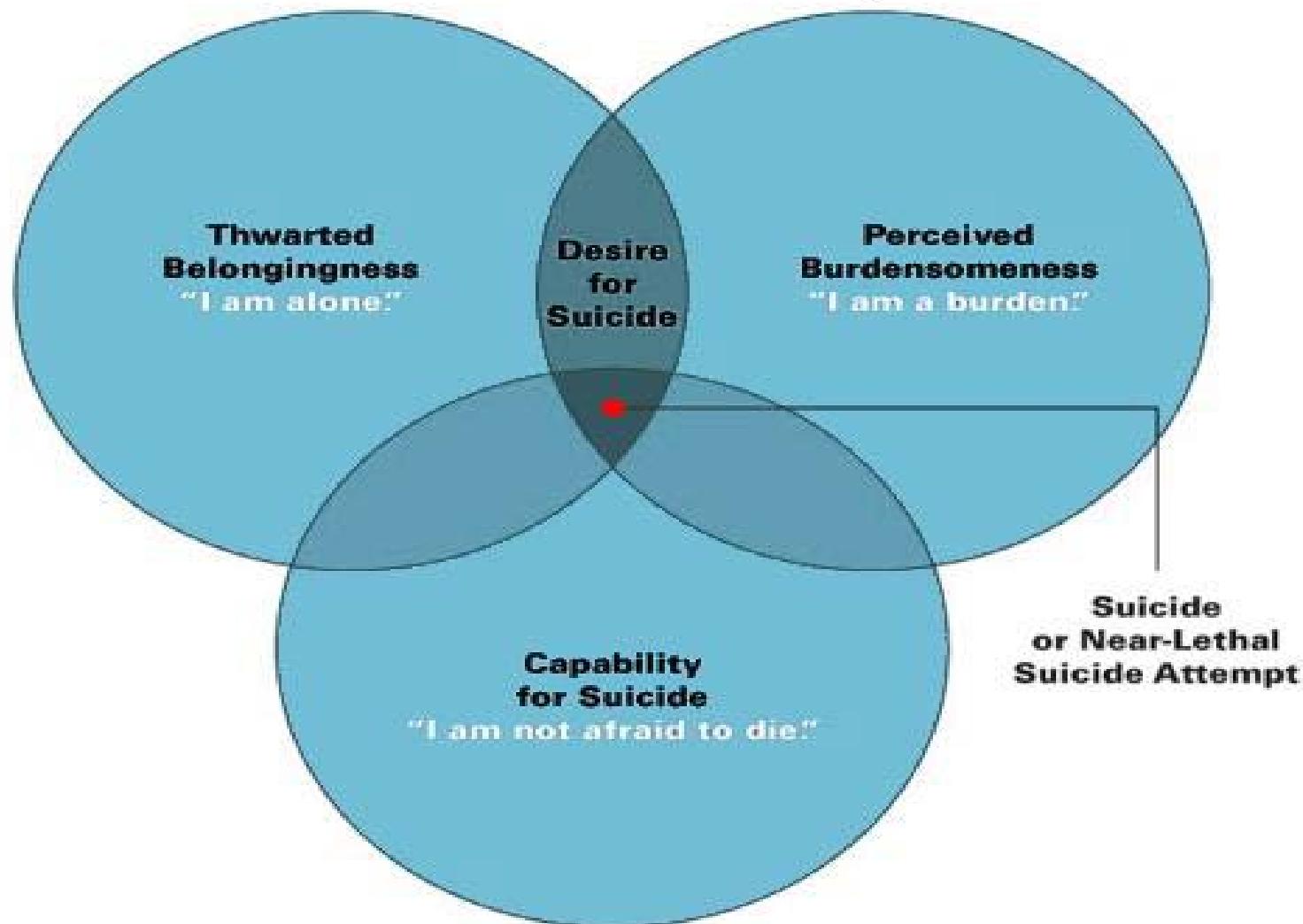
Female Veterans

- Women make up about 16% of the entire active duty force (U.S. Department of Defense, 2017).
- Women currently make up about 9% of the total number of veterans, which is approximately 2 million (National Center on Homelessness Among Veterans, 2016).
- The median age of women veterans is 49 (HRSA, 2013).
- Women are the fastest-growing Veteran group, comprising about 9 percent of the U.S. Veteran population. That number is expected to rise to 15 percent by 2035.
- 175% increase in Women Veterans using VHA 2000-2015
- Mental Health/Substance Use Disorder (SUD) Specialty Care Encounters
- Between FY00 and FY15, the number of women Veteran VHA patients using mental health/SUD specialty care increased nearly 5-fold, reaching 176,526 women by FY15. During the same period, the number of men using mental health/SUD specialty care increased 2-fold.
- The proportion of women Veteran VHA patients with any mental health/SUD encounters increased between FY00 and FY15 (FY00: 23%; FY15: 40%).I

Behavioral Health in the Veterans Population



Joiner's Suicide Theory:



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Stress in the Military

POTENTIAL SOURCES OF STRESS

- Deploying- Leaving family, loved ones, children, friends, girlfriend or boyfriend, etc.
- Ultimate Change- Climate, diet, living arrangements, losing personal freedoms, etc.

The Unknown-

Particularly for veterans of the Vietnam War and the wars in Iraq and Afghanistan, identifying who the actual enemy is on the battlefield can be extremely difficult and sometimes impossible. Due to the nature of these wars, less conventional when compared to previous conflicts, (World Wars I and II for example) it is difficult to separate enemy combatants from the civilian population. In Iraq and Afghanistan, enemy forces or enemy threats can essentially consist of anyone in the general population. Military aged males, women, children, and the elderly can and do pose mortal threats.

STRESSORS RELATED TO COMBAT EXPOSURE

- Being attacked or ambushed
- Receiving incoming rocket, artillery and/or mortar fire
- Being shot at or receiving small arms fire
- Shooting or directing fire at the enemy
- Seeing dead or seriously injured personnel (including women and children)
- Knowing someone seriously injured or killed
- Close calls, was shot or hit but protective gear saved them
- Clearing/searching homes and buildings
- Arresting/detaining suspected enemy
- Engaging the enemy while still following the Rules of Engagement (ROE)

NONCOMBAT STRESSORS IN A COMBAT ZONE

- Physical Taxation- Daily duties outside of direct combat such as long hours conducting vehicle and equipment maintenance, equipment accountability, nearly impossible to meet time sensitive deadlines, etc. These tasks become day-in day-out efforts that are often extremely tedious and frustrating.
- Boredom- Filling time between direct combat operations, patrols, non-direct combat duties and tasks, etc. Each day can feel just like the last, and the next day will be very much of the same.
- Lack of Control- While deployed to a theater of combat, service members have far less control over their lives than they do when they are stateside.
- Living Conditions- Cramped, overcrowded, dirty, poor air quality, uncomfortable sleeping arrangements, no personal privacy, noisy, smelly, etc.
- Environment- During a deployment, climate, altitude, weather patterns, precipitation, etc

The Stressors back home

While deployed service members often worry about the state of affairs back home. During the conflicts in Iraq and Afghanistan, military personnel generally have direct/instant access to their families via email, telephone, social media, etc. This “instant access” can have both positive and negative effects on the service member.

- **Positive-** Support from family, friends, etc.
- **Negative-** Problems occurring at home now become immediate problems to the service member in addition to the ones he/she may already be facing while deployed.

Important Note

Troops often use slang as a way to cope with some of the stressors listed above. The derogatory terms are used to dehumanize the enemy in order to make killing them less traumatic in the moment. Troops will use phrases such as Wasted, Zapped, Rocked, Greased, Took him out, Capped, Iced, Popped, Waxed, Blasted, Double Tapped, Opened Up on Them (usually in reference to a fully automatic machine gun), etc. This type of desensitizing humor is used frequently among those exposed to death and killing for long periods. Addressing out-of-context use of these terms and others is sometimes necessary. Such interventions must include careful consideration for their intended purpose, and avoid shame.

Symptoms of PTSD

- **Symptoms and Diagnosis-** Symptoms of PTSD fall into four categories. Specific symptoms can vary in severity.
 1. **Intrusive thoughts** such as repeated, involuntary memories; distressing dreams; or flashbacks of the traumatic event. Flashbacks may be so vivid that people feel they are re-living the traumatic experience or seeing it before their eyes.
 2. **Avoiding reminders** of the traumatic event may include avoiding people, places, activities, objects and situations that bring on distressing memories. People may try to avoid remembering or thinking about the traumatic event. They may resist talking about what happened or how they feel about it.
 3. **Negative thoughts and feelings** may include ongoing and distorted beliefs about oneself or others (e.g., “I am bad,” “No one can be trusted”); ongoing fear, horror, anger, guilt or shame; much less interest in activities previously enjoyed; or feeling detached or estranged from others.
 4. **Arousal and reactive symptoms** may include being irritable and having angry outbursts; behaving recklessly or in a self-destructive way; being easily startled; or having problems concentrating or sleeping.

When does PTS turn to PTSD

- Many people who are exposed to a traumatic event experience symptoms like those described above in the days following the event.
- For a person to be diagnosed with PTSD, however, symptoms last for more than a month and often persist for months and sometimes years.
- Many individuals develop symptoms within three months of the trauma, but symptoms may appear later.
- For people with PTSD the symptoms cause significant distress or problems functioning.
- PTSD often occurs with other related conditions, such as depression, substance use, memory problems and other physical and mental health problems.

SUD and PTSD

- PTSD is a risk factor for SUD—Use of alcohol or drugs may reduce the anxiety component of PTSD and thus be reinforced
- Withdrawal from substances may exacerbate PTSD symptoms
- Prolonged exposure as a treatment for PTSD doesn't increase craving or substance abuse
- Patients prefer that the two conditions be treated together

SUD and PTSD in OEF/OIF Veterans

- 25-50% co-occurrence of SUD and PTSD
- The severity of SUD and PTSD tends to be greater and outcomes tend to be worse for both conditions in patients with both PTSD and SUD than in patients with only one of the conditions
- PTSD typically precedes SUD
- Exposure to trauma stimuli can trigger craving and substance use
- Symptoms of the two conditions co-vary. Diminution of PTSD symptoms precedes reduction in alcohol use

Combat Exposure and SUD

- Combat exposure is associated with increased rates of weekly heavy drinking, binge drinking, and alcohol-related problems. This is particularly true for personnel aged 24 or younger (Jacobson, et al, 2008).
- The threat of death or personal injury is most associated with post-deployment alcohol problems. This relationship is independent of the relationship of these threats to other mental health problems (Wilk et al, 2010).

Harm Reduction as a Pathway

“I used alcohol to cope with my thoughts and put my mind at ease. Without alcohol I wouldn’t be here today. Why are you taking the only thing that has helped me in the past?”

- Try not to focus on abstinence always as the goal.
- Sometimes reducing the risk of harm or healthy using habits can be enough!
- I once heard a man in recovery say that that his mind is like a battlefield between his life and alcohol. He had to admit he was powerless and surrender to a greater power. I said Marines never surrender. When alcohol became an issue Marines are taught to fight through the ambush with overwhelming force!

TBI

- A Traumatic Brain Injury, TBI, is defined by the Department of Defense as a traumatically induced structural injury and/or physiological disruption of brain function as a result of an external force.
- A traumatic brain injury (TBI) can be classified as mild, moderate, severe or penetrating. The severity is determined at the time of injury.
- A TBI is a blow or jolt to the head that disrupts the normal function of the brain. It may knock you out briefly or for an extended period of time, or make you feel confused or “see stars” (alteration of consciousness).
- Not all blows or jolts to the head result in a TBI.
- The most common form of TBI in the military is mild. Concussion is another word for a mild TBI.

What are the Causes?

- In the military, the leading causes of TBI both deployed and non-deployed are (in no particular order):
 - Blasts
 - Bullets
 - Fragments
 - Falls
 - Motor vehicle – crashes and rollovers
 - Sports
 - Assaults
- In the deployed setting, blasts are the leading cause of TBI.

What are common signs and symptoms of TBI?

Physical

- Headaches
- Sleep disturbance
- Dizziness
- Balance problems
- Nausea/vomiting
- Fatigue
- Visual disturbances
- Sensitivity to light
- Ringing in the ears

Cognitive

- Concentration problems
- Temporary gaps in memory
- Attention problems
- Slowed thinking
- Difficulty finding words

Emotional

- Irritability
- Anxiety
- Depression
- Mood swings



Military Sexual Trauma

- Among women veterans, 1 in 4 report having experienced military sexual trauma (MST) (VA, 2010, 2015).
 - MST is an experience, not a diagnosis or a mental health condition.
 - Reactions to MST vary and can be affected by:
 - role of the perpetrator
 - type of assault
 - duration and whether it occurred once or multiple times
 - response from others if it was reported
 - her prior history of trauma
- (U.S. Department of Labor, 2010)



MST

- Military sexual trauma, or MST, is the term used by VA to refer to experiences of sexual assault or repeated, threatening sexual harassment that a Veteran experienced during his or her military service.
- National data from this program reveal that about 1 in 4 women and 1 in 100 men respond “yes,” that they experienced MST, when screened by their VA provider. Although rates of MST are higher among women, because there are so many more men than women in the military, there are actually significant numbers of women and men seen in VA who have experienced MST.
- Although posttraumatic stress disorder (PTSD) is commonly associated with MST, it is not the only diagnosis that can result from MST. For example, VA medical record data indicate that in addition to PTSD, the diagnoses most frequently associated with MST among users of VA health care are depression and other mood disorders, and substance use disorders.

Common Mental Health Diagnoses

- Among users of VA health care, the mental health diagnoses most commonly associated with MST are:
 - PTSD
 - Depressive Disorders
 - Anxiety Disorders
 - Bipolar Disorders
 - Drug and Alcohol Use Disorders
 - Schizophrenia and Psychose

Common Symptoms and Problems

- Extremes of emotion and emotional lability
- Emotional disengagement or flatness
- Difficulties with attention, concentration, and memory
- Re-experiencing and strong reactions to reminders
- Hypervigilance
- Trouble sleeping, nightmares
- Suicidal thoughts or behavior
- Self-harm
- Drinking and drug use
- Dissociation

Women in the Military

- Post 9/11-era women veterans more likely to have seen or engaged in active combat, to have been engaged in hostile fire, or to have seen or known someone killed by enemy fire.
- Women are increasingly serving in traditional male roles, placing them at increased risk of experiencing hostile enemy fire (Meyers, 2009).
- DOD has opened all military roles to women (Bradner, 2015).
- Women veterans have much higher rates of interpersonal trauma than male veterans, including much higher rates of military sexual trauma (MST) and intimate partner violence (IPV) (Zinzow et al., 2007; U.S. Department of Veterans Affairs, 2011b).



Recommendations for Providers Serving Women Veterans

1. Engage women veteran peers for peer-support activities to support treatment and recovery.
2. Include screening and assessment questions that address military experience and recognize a woman's military contributions.
3. Create a trauma-informed organization that is welcoming to women veterans.
4. Offer, or provide referrals to, trauma-specific/trauma-informed interventions and services.
5. Ensure that intake personnel, clinicians, administrative support personnel, and others are aware of and understand the unique culture and experiences of women veterans.
6. Accommodate women veterans with children by providing secure places for children to be while moms are being treated.
7. Provide treatment/recovery services that address individual and family needs.
8. Provide access to safe and affordable housing for a woman veteran and her children.
9. Develop integrated care models and care coordination models that can assist women veterans so they receive the services they need in an effective and safer way.
10. Assist women with understanding and accessing their full benefits, including VA/military-related education (Post-9/11 GI bill), employment training, healthcare benefits, Medicaid, and other supports.

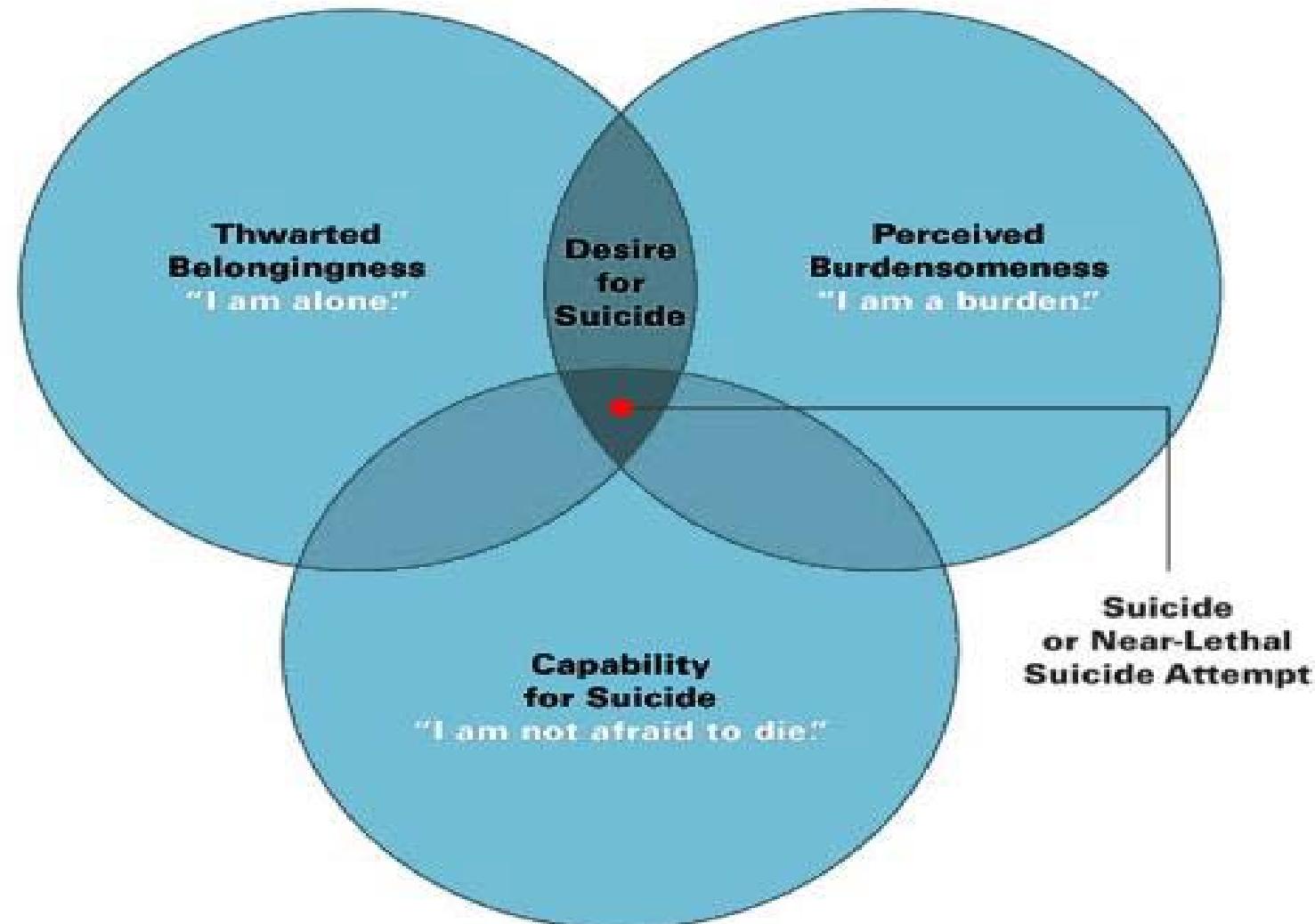
Resources

For more information about women veterans and services available to them, see the following:

- Department of Veterans Affairs Center for Women Veterans at <https://www.va.gov/womenvet/>
- National Veterans Technical Assistance Center at <https://www.nvtac.org/>
- United States Department of Labor at <https://www.dol.gov/vets/womenveterans/>
- Substance Abuse and Mental Health Services Administration Veterans and Military Families at <https://www.samhsa.gov/veterans-military-families>



Joiner's Suicide Theory:



Given these factors

- VETERANS FACE UNIQUE CHALLENGES
- 20 VETERANS TAKE THEIR LIVES EACH DAY
- 14 OF THESE 20 WERE NOT INVOLVED IN TREATMENT
- MAJORITY OF CALLS REGARDING VETERANS IN CRISIS GO TO 911, NOT SUICIDE HOTLINES
- LOCAL LAW ENFORCEMENT OFFICERS ARE MOST LIKELY TO INTERFACE WITH STRUGGLING VETS
- LAW ENFORCEMENT INTERACTIONS WITH VETS DIFFER FROM THOSE WITH CIVILIANS

Suicide in the Female Veteran Population

- Women Veteran suicide counts and rates decreased from 2015 to 2016. The women Veteran suicide count decreased from 283 deaths to 257 deaths and the women Veteran unadjusted suicide rate decreased from 15.5/100,000 in 2015 to 13.9/100,000 in 2016.
- Women Veterans are more likely to die by suicide than non-Veteran women: In 2016, the suicide rate of women Veterans was nearly twice the suicide rate of non-Veteran women, after accounting for age differences.
- Women Veterans are more likely than non-Veteran women to use firearms as a method of suicide:
- In 2016, firearms were used in 41.2 percent of suicide deaths among women Veterans, compared to 32.4 percent of suicide deaths among non-Veteran women.
- Firearms are a particularly lethal method of suicide. The higher suicide rates among women Veterans as compared to non-Veteran women may, at least in part, be due to women Veterans' more frequent use of firearms as a means of suicide

A Veteran Has Come to Me for Help! Now What?

What you should ask?

- In order to get a veteran connected with resources, you will need to ask:
 - Have you or a family member ever served in the military?
 - Remember its not just the veteran that feels the burden of military service
 - What branch of the military were you in? and when did you serve?
 - This helps build rapport, and can give insight into possible combat zone deployments
 - Are you connected with the VA or any other Veteran programs? Want to Be?
 - This is helpful to identify other resources available to the veteran as well as past supports
 - Do you have a disability Rating? If so, what is your rating? (Total income is always needed)
 - There are a lot of benefits depending on what your rating is
 - What character was your discharge?Do you have a copy of your DD-214?
 - This paperwork is essential for accessing veteran benefits, also shows you have some insight into the veterans world

Have you or a family member ever served in the military?

- Remember not to ask are you a veteran, but rather have you ever served?
 - The word veteran has a lot of different meanings amongst service members. So even if they served, they might not equate themselves to veteran status
- Do not wait on the person to tell you if they are a veteran!
 - Veterans are not the most forthcoming, so don't be afraid to be direct
- Never forget about the family members
 - Often programs and services for family members can be hard to find, and force families to look for services in the community
 - Keep in mind the effects of military service on families and children

What branch of the Military were you in? When did you Serve?

- This question helps to build rapport most of all
 - The rivalry between branches is fierce and runs deep, most veterans are very proud of their branch and derive honor from their service
- This leads to the follow up question, “Why did you choose that branch?”
 - This question also gives you a lot of insight into the veteran, as there is usually a good story behind that choice
- By asking what years they served, you are in a better position to understand what that veteran may have faced or been in contact with
 - If someone served in the late 60’s they may have been in Vietnam
 - If someone served in the early 2000’s than they may have gone to Afghanistan

Are you connected with the VA? Want to be?

- If a veteran is already connected to the VA:
 - Then you can find out what VA programs have/have not worked for that veteran in the past
 - Identify past supports from the VA (primary care, peer support, case mngt)
- If they are not connected:
 - Find your local VA facility. Most VA facilities have an enrollment specialists on site
 - Call Maryland's Commitment to Veterans whenever you have a question!
 - 1-877-770-4801
- This also allows for elaboration into why the veteran has not or is not receiving care at the VA
 - Maybe because of a dishonorable discharge
 - They may make too much money
 - They have an inherent distrust for the VA or government

Do you have a disability rating? What is your rating?

- There are a lot of programs and benefits available according to the rating?
- A veteran may be eligible for disability and just not aware of how to apply
- If they have not applied you should always recommend they speak to a Veteran Service Organization such as Maryland's Dept. of Veterans Affairs
 - There are many illnesses and disorders directly associated with time in military service
 - Veterans may have no idea that the cancer or diabetes they have been dealing with for years may be directly linked to time in the service.
- Disability Ratings can often be a veterans first step into the veterans world

Do you have a copy of your DD-214

- **This is the most important paper for a veteran to have access to!**
- This paper is necessary to receive care and enroll in most veteran programs including mental health care and employment.
- If the veteran does not have their DD 214:
 - Go to <https://www.archives.gov/veterans/military-service-records>
 - When you file online you will need access to a printer and fax to send authorization
 - It is a quick process if the veteran is with you
- By using veteran terminology and knowing the questions to ask, you show some knowledge of the veteran world, making the veteran feel at ease

Provide Resources

- The resources at the end of this presentation will help, but we encourage you all to go out and make contact with your local veteran program

Veteran's crisis line

- For Veterans service members or someone concerned about a veteran
- 365-24-7 confidential support available
- Concerned family members can call as well

Veterans
Crisis Line



1-800-273-8255
PRESS 1

Veteran resources

- Department of Veteran Affairs
 - Veteran Health Administration (VHA)
 - Provides healthcare to eligible Veterans
 - Veteran Benefits Administration (VBA)
 - Oversees benefit distribution to eligible Veterans
 - Disability payments for injuries/illness sustained while in service
 - GI Bill other vocational and educational resources
- Vet Centers
 - Provide counseling, support, couples and family therapy to eligible Veterans

Veteran resources

- Maryland Commitment to Veterans
 - Statewide staffed by DHMH Behavioral Health Administration
- National Guard Family Assistance Center
 - Wide array of services/resources for service members, Veterans, Retirees, and Families from all 7 branches of service and DOD.
- Veteran Service Organizations
 - Can help with Veteran benefits, service compensation – typically advocacy
 - VFW
 - DAV
 - American Legion

VA Maryland Health Care System

- Mental health services
 - Outpatient mental health and substance abuse
 - Mental health and substance abuse residential Care
 - Psychosocial Rehabilitation and Recovery Center (similar to PRP)
 - Mental Health Intensive Case Management (similar to PACT)
- Homeless services
 - Community Resource and Referral Center
 - Domiciliary (housing vocationally focused residential unit)
 - Vocational services
 - HUD/VA Support Housing
 - Homeless outreach

VA Eligibility

- Under Federal Law, a Veteran is any person who served active duty in the armed forces of the United States.
- For federal medical benefits from the VA:
 - prior to 9/7/80: must have served at least 180 days of active duty
 - after 9/7/80: must have served at least 24 months.
 - if Veteran was medically discharged and receives a VA service-connected disability stipend, the time limits are not applicable.
- General or Honorable discharge- *but other types of discharges can be eligible under certain circumstances*

VA Enrollment

- Determining the eligibility status and possible co-payment information for a Veteran can be complicated.
- Health Benefits are different for each Veteran depending on each Veteran's unique eligibility status and financial status.
- Most Veterans will be asked to complete a financial assessment as part of their enrollment application process (known as a means test) it is used to determine:
 - eligibility for VA health care benefits,
 - co-pays for VA health care visits, and/or prescriptions
- We strongly suggest encouraging your client to apply for enrollment even if you feel he or she may not be eligible.
- We encourage you to present in person to enrollment when possible
- Eligibility Enrollment Baltimore VA Medical Center
 - 10 N. Green St., Baltimore, MD 21201
 - Local Phone: 1-800-463-6295, ext. 7324

Vet centers

- Started after Vietnam War to assist with readjustment counseling
- Affiliated with VA but VA cannot access Vet Center medical record (although Vet Center can access VA medical record)
- Eligibility:
 - Veteran w/ combat tour (specific campaign medal as designated on DD 214) or MST
- Who is a good fit for Vet Centers?
 - Veterans who are wary of VA
 - Veterans who want ongoing support groups or longer term counseling
 - Offers more family and couples support

Additional MILITARY CULUTURE REsources

IMHS Military Culture Core Competencies for Healthcare Professionals Course

<http://www.DeploymentPsych.org/Military-Culture>

National Center for PTSD Military Culture Course

http://www.ptsd.va.gov/professional/ptsd101/course-modules/military_culture.asp

Combat Stress Intervention Program Military 101 Course

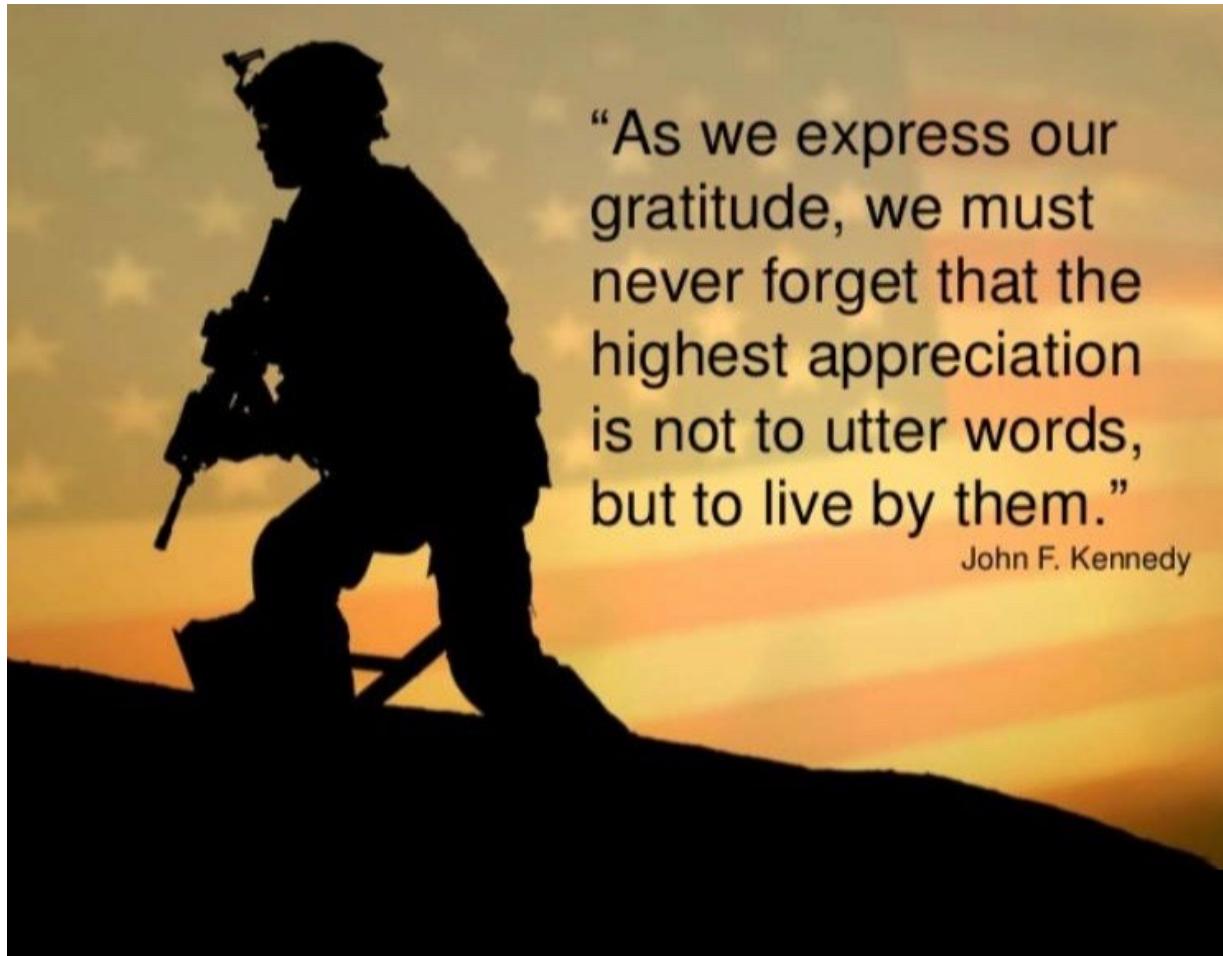
<http://www.copingaftercombat.com/military101.php>

Citizen Soldier Support Program Courses

<http://www.aheconnect.com/citizensoldier/courses.asp>

Veteran resources

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- National Guard Family Assistance Center
 - For members of the national guard and their families
- Veteran Service Organizations
 - Can help with Veteran benefits, service compensation – typically advocacy
 - VFW
 - DAV
 - American Legion



“As we express our
gratitude, we must
never forget that the
highest appreciation
is not to utter words,
but to live by them.”

John F. Kennedy