

# U.S. VETS –Outside the Wire

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# Presentation Objectives

- Gain understanding of importance of Early Intervention and Prevention model for veterans and family members
- Develop familiarity with U.S. VETS – Outside the Wire program (OTW) and its evaluation
- Identify programmatic challenges of OTW implementation
- Identify successful components of OTW implementation
- Provide ideas for implementing and/or evaluating a similar program



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# Outside the Wire

Based in Los Angeles with sites nationwide, U.S. VETS is the nations largest provider of services to military veterans facing difficulty in their transition to civilian life.

Our Mission: To Assist in the successful transition of military veterans and their families through the provision of housing, career development, and comprehensive support.

In 2011, “Outside the Wire” was rolled out to extend our services to recently separated veterans and their family members in our communities.



# Outside the Wire

- Program was conceived as an early-intervention and prevention program offering free and confidential mental health counseling to veterans and significant others (spouse, kids, parents) based from local community colleges.
- We offer education and training to staff and faculty on military culture and transition from soldier to civilian life.
- Additionally, we offer assistance in the areas of employment and housing services.

# Outside the Wire

Many returning veterans are landing at community colleges. They represent a resource and convenient location to base these services from. Partnerships were developed with 5 area community colleges.

Services are also provided to National Guard and Reservists based out of Los Alamitos Joint Forces Training Base.



# Why Outreach and Early-Intervention?

- For most physical diseases, generally accepted that the public will benefit from knowing what to do for prevention, early-intervention, and treatment.
- Education re: HIV, smoking cessation, heart attack, stroke, etc.



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# Why Outreach and Early-Intervention?

- ▶ This trend contrasts with psychological & emotional disorders.
- ▶ Many members of public and military are not aware about what to do about prevention, early-intervention, and treatment.
- ▶ As a result, many people delay seeking treatment and view recommendations with suspicion, oftentimes looking to unqualified friends and family for answers.



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# Early Recognition of Developing Emotional and Psychological Disorders

- National Surveys in the U.S. and in many other countries have shown that prevalence rates of disorders are high but many people do not seek treatment or do so after many years. <sup>1</sup>
- This long delay or failure to seek adequate help can have serious consequences for people with emotional and psychological disorders.



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# Timeline of Delayed Treatment

- Per the World Health Organization: <sup>1</sup>
  - Only a small amount received treatment for mood, anxiety, or substance use disorders in the year of onset.
  - Depression – 1-14 years delay
  - Anxiety – 3-30 year delay
  - Substance Abuse – 6 -18 year delay
  - Various studies have shown that the longer the duration of untreated mental illness, the poorer the outcomes. <sup>2</sup>



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# A Quick Look At the Numbers

- 2.3 million Veterans from Iraq & Afghanistan, with California being the #1 state for these veterans (approximately 10%).
- Research on OEF/OIF Veterans suggest that 10-18% of troops are likely to have PTSD, and other mental health problems (i.e., Depression 3-25% in returning troops).<sup>3</sup>
- Army to cut numbers by 50,000 and Marines by 20,000 over the next year.



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# A Quick Look At the Numbers

- The VA reports more than 500,000 returning veterans are using their GI Bill to attend college, a number that's expected to swell even higher once the newer, expanded education benefit is fully implemented.
- The vast majority of veterans are landing at community colleges. In California, for instance, community colleges enrolled more than 15x's as many vets in 2007 as the University of California campuses did.



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# Challenges Facing OIF/OEF Vets

- More service members deploy multiple times (over 40%)
- Suicide rate of over double the civilian population
- More service members returning home have severe injuries to improvised explosive devices (IED's), including more traumatic brain injury than in any other war. Also more amputations, blindness, spinal chord injuries, and hearing impairments.
- More women and parents of young children serve on active duty than ever before



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# Challenges Facing OIF/OEF Vets

- Common Symptoms of returning war veterans include: insomnia, difficulty concentrating, hyper-alertness/startle reaction, grief, sadness, guilt, anger, impatience, low frustration tolerance, difficulty connecting/trusting others, anxiety.
- Transition difficulties include moving from military to civilian life, from danger to safety, from discomfort to comfort, from camaraderie to solitude, from mistrust to trust, from chaos to order, & from lawlessness to law.



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# Challenges Facing OIF/OEF Vets

- Difficulties in transitions from War to Academic Zones:
  - Developing a primary identity other than being a service member
  - Difficulty relating to and connecting with traditional college students
  - Difficulty finding meaning and importance in Campus life in experiences & ideas that are not life or death
  - Negotiating the structural & procedural differences on Campus vs. Military
  - Making more autonomous decisions
  - Developing a sense of safety on campus
  - Boredom (no adrenaline rush of battle)
  - Having difficulty returning to their role as children to parents, and as parents to children

# The Treatment Team

- Our team: Two Psychologists, four doctoral level psychology externs. Services are coordinated and based out of the Veterans Resource Centers at each campus.
- Services are coordinated with Veteran Resource Center staff in regards to scheduling and room availability.
- Monthly on-campus meetings are attended during which veteran specific information is shared. Represents an opportunity for all parties involved to communicate clearly and “be on the same page.”



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# Services Provided

- One-on-one counseling
- Group counseling
- Psychological First Aid training
- Peer to Peer training
- Integration of U.S. VETS workforce program with OTW on campuses
- Networking Social Events to assist in developing partnerships with employers and offer potential job opportunities with successful Veterans within the community.



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# Videos of Outside the Wire

- *Overview of Outside the Wire at Santa Monica College.*
- [http://www.youtube.com/watch?v=Uvo7\\_UzL7ng](http://www.youtube.com/watch?v=Uvo7_UzL7ng)

# Videos of Outside the Wire, cont'd.

- *Brief media clip of Outside the Wire.*
- <http://www.youtube.com/watch?v=zizDo5QJA2c>

# OTW's Program Evaluation: Collaborative Development

- Five overarching evaluation questions:
  1. How is the OTW implementation process going?  
(What is the implementation process? In what ways could implementation be strengthened? What mistakes were made, and how could they be avoided in the future?)
  2. Who is being served by OTW, and what are their needs?
  3. What are the outcomes for participants? (How do OTW participants fare during and after the program?)
  4. Is the program meeting its stated objectives?
  5. How is the program perceived -- by participants, staff, and the larger community?

# Evaluation Description

- Formative and Summative
  - Examines program implementation, along with key program outputs and outcomes
- Three-year period (to match period of initial program funding)
- Examines client-level and program-level data via quantitative and qualitative measures
- Formally launched in the last quarter of 2011



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# Evaluation Measures

- Brief Intake/ Assessment Form (two-part)
- Mental Health Data Tracking Form
  - MHI-5 & CAGE
- Brief post-service questionnaire
- Program-level tracking data sheet
- Key Informant interview guide



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# Early Implementation Findings 1: How is the OTW implementation process going?

# Key Factors Influencing Implementation

- Partner sites
  - Relationship
  - Physical/resource constraints
- Program staffing
- Veterans' situations



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# Implementation Struggles

- Minimal staffing levels, particularly at the outset
- Extensive reliance on psychology externs
- Lack of control over partner sites relative to program implementation
  - Sometimes minimal partner involvement
  - Constrained physical contexts and space availability



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# Implementation Strengths

- Strong demonstrated need for program of this nature
- Highly committed and motivated program leader
- Acceptance by and strong support from community partner sites
- Strong veteran word-of-mouth



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## Early Implementation Findings 2:

Who is being served by OTW, and what are their needs?

# Profile of Service Recipients/Contacts

- 1710 contacts\* (through 3/31/12)
  - 645 students
  - 584 veterans
  - 86 servicemembers
  - 84 veteran's family members
  - 133 local agency/organization staff members
  - 53 local agency/organization leaders
  - 47 faculty/staff
  - 77 others (vets conferences & EAP presentations)

# Individuals Receiving Therapy Services through OTW (through 3/31/12): Demographic Profile (N = 37)

- Age
  - Range from 18-74 years
  - Median age of 29
  - 2/3 younger than 35
- Sex:
  - 32 male (86%)
  - 5 female (14%)
- Race/Ethnicity:
  - White - 17 (46%)
  - Black - 10 (27%)
  - Hispanic - 6 (16%)
  - Multiracial - 2 (5%)



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# Individuals Receiving Therapy Services through OTW: Demographic Profile (N = 37), Cont'd.

- Marital Status
  - Married/live w partner - 8 (22%)
  - Single - 17 (46%)
  - Divorced - 6 (16%)
- Number of Children
  - 0 - 22 (59%)
  - 1 - 6 (16%)
  - 2+ - 4 (11%)
- Involved in a spiritual or religious community
  - No - 22 (59%)
  - Yes - 4 (11%)



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# Individuals Receiving Therapy Services through OTW: Service Profile (N = 37)

- Service widely distributed across branches
- Service length range of 2 months – 12 years (average of 5 years)
- Deployment history:
  - Just over half had not deployed
  - Additional 25% with one deployment
  - Remainder with 2-5 deployments



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# Areas of Concern Identified by Individuals Receiving Therapy Services through OTW (through 3/31/12)

| Areas of Concern (N=37)       | n (%)    |
|-------------------------------|----------|
| Emotional Health              | 36 (97%) |
| Social/Family/Relationships   | 15 (41%) |
| Employment                    | 12 (32%) |
| Financial                     | 10 (27%) |
| Substance Use                 | 8 (22%)  |
| Housing                       | 7 (19%)  |
| Physical Health               | 6 (16%)  |
| School                        | 5 (14%)  |
| Benefits                      | 3 ( 8%)  |
| Legal                         | 3 ( 8%)  |
| Spiritual                     | 2 ( 5%)  |
| Military Service or Discharge | 2 ( 5%)  |



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# Feelings Endorsed by Individuals Receiving Therapy (N = 26)

- Stress 20 (77%)
- Agitation 19 (73%)
- Anxiety 18 (69%)
- Anger 17 (65%)
- Difficulty concentrating 15 (58%)
- Difficulty sleeping 15 (58%)
- Low Energy 13 (50%)
- Depression 13 (50%)
- Nightmares 11 (42%)
- Mood swings 9 (35%)
- Hopelessness 8 (31%)
- Guilt 7 (27%)

## Early Implementation Findings 4:

Is the program meeting its stated objectives?

# Services Provided (through 3/31/12)

- First Networking event 4/19/12 – 44 total attendees
- Workshops and trainings for faculty and staff on military life and veteran specific issues as they transition out of the military and into civilian life.
- Over 600 student-veterans seen in individual counseling on campus.
- 12 on-campus presentations provided.



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# Services Provided, cont'd.

- Referral materials provided in 49 separate instances, representing at least 15 unique entities, through 3/31/12
- Services are being offered and utilized consistently at multiple community colleges and one military installation, with additional MOUs in development
- Overall, over 1700 total contacts with community partners, student-veterans, and family members since rolling out program in January 2011.



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**Early Implementation Findings 5:**  
**How is the program perceived -- by  
participants, staff, and the larger  
community?**

# Perceptions of OTW

- Results of key informant interviews with partner program staff indicated very positive reactions.
- This also appears to hold true from the perspective of the veterans themselves (*based on program- and partner staff feedback; veteran interviews and additional self-report data are pending*).



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# Takeaways: Program Challenges

- Barriers to seek help include stigma, difficulty talking about some aspects of war experience, and fear that talking to professional might “hurt” work career.
- Time constraints due to work and family responsibilities.
- Each campus is different and cultures vary at each site. The differences must be taken into account when working with student-veterans.
- Community college policy and support can vary from location to location.



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# Takeaways: Successes

- In the program's first year, over 300 student-veterans seen in individual counseling on campus.
- Numerous on-campus and community presentations provided.
- Overall, over 1700 total contacts with community partners, student-veterans, and family members since rolling out program in January 2011.
- Veterans report reduction in distressing symptoms and improvement in quality of life.

# Moving Forward

- Continued partnerships with local community organizations and providers
- Monthly Veteran Collaborative meeting with community partners
- Continued networking events to generate employment opportunities for veterans
- Offering non-traditional opportunities for veterans to receive services (Outings to sporting/outdoor events, family day at the park, beach, etc.)



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