Peer/ Professional Collaboration In Serving Veterans

Helping Our Veterans Come Home
Presenters

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Presentation Overview

• Military Culture

• Introduction to Veterans’ Transition Challenges

• Risk in the Veteran Population
  • Suicide
  • Substance Abuse
  • Homelessness

• Role of Peers

• Collaborations
  • Veteran Peers and Civilian Professionals
  • Joseph P. Dwyer Veterans Peer Support: Peer Mentor/Social Worker Collaboration
  • Formally Housed Veterans and Skilled Peers
Indoctrination into Military Life

All recruits are trained to conduct war

Intense and repetitive physical and psychological training produces:

- Personal Identity Change
- Social Identity
- Attachment and Bonding
- Recruits are taught to:
  - Obey orders without question
  - Kill if necessary
  - Put the group ahead of the individual
Understanding Military Culture

• “Me to We” – Basic Training

• Military culture formed through joint training, life experiences, values

• Many Active Duty and Reserve component personnel, as well as veterans, express a strong sense of identity as member of the Armed Forces and a strong sense of belongingness to the military
  • Some may experience failed belongingness following separation from the military, and some may even experience this while still in the military.

• This deep connection to one’s peers is reinforced during deployment and in fact is the motivation to fight and survive
What do we mean by “reintegration” or “transition”?

Finding one’s place in the civilian world. Veterans must work through translating skills learned in the military to civilian employment, accessing benefits, housing, healthcare, education and finding a sense of community and purpose.

How returning service members and veterans function in the following areas:

- Interpersonal relationships with family, friends and peers
- Productivity in work, school and at home
- Community participation
- Self-care
- Leisure
- Perceived meaning in life (Sayer et al, 2011, p 662)
Emotional Reintegration

- Dealing with the emotional fallout of war and military service

- Grieving losses, processing memories that may be shameful, painful and morally injurious.

- Developing a “new normal” in which military experience is incorporated into a new sense of self.

- Recalibrate emotional responses to include compassion, empathy and a full range of emotional experience.
Risks in the Veteran Population

- Increased Risk for Suicide
  - National statistic for veteran population = 20 per day
- Substance Abuse Disorders
  - Alcohol addiction
  - Use of illegal substances: IE: Opioids
  - Abuse of prescription narcotics
- Homelessness
  - While veteran homeless reportedly declined 33% from 2010 – 2014, approximately 50,000 veterans nationwide are considered to be “homeless”
Suicide Risk Facts

• About 70% of veterans who took their own lives were not regular users of VA services

• The problem is particularly worrisome among female veterans, who saw their suicide rates rise more than 85% over that time, compared to about 40% for civilian women

• And roughly 65% of all veteran suicides in 2014 were for individuals 50 years or older, many of whom spent little or no time fighting in the most recent wars

• Providing support and assistance to suicidal veterans has proven difficult, in part because of the lack of data on the scope of the problem provide a hand-off to providers

Source: Military Times article “New VA Study Finds 20 Veterans Commit Suicide Each Day” (2016)
A study by Tsai, Kasprow, and Rosenheck (2014) examined the prevalence of alcohol and drug disorders among homeless veterans entering the Housing and Urban Development-Veterans Affairs Supported Housing (HUD-VASH) program and its association with both housing and clinical outcomes:

- 60% of homeless veterans entering supported housing had a substance use disorder
- 54% of those with a substance use disorder had both alcohol and drug use disorders
- Veterans with alcohol and drug use disorders had more extensive homeless histories
- Substance use disorder was not associated with worse supported housing outcomes.
- Supported housing can house veterans regardless of their substance abuse
Homelessness

• The VA states that the nation’s homeless veterans are predominantly male, with roughly 9% being female. The majority are single; live in urban areas; and suffer from mental illness, alcohol and/or substance abuse, or co-occurring disorders. About 11% of the adult homeless population are veterans.

• Roughly 45% of all homeless veterans are African American or Hispanic, despite only accounting for 10.4% and 3.4% of the U.S. veteran population, respectively.

• Homeless veterans are younger on average than the total veteran population.
  • Approximately 9% are between the ages of 18 and 30, and 41% are between the ages of 31 and 50.
  • Conversely, only 5% of all veterans are between the ages of 18 and 30, and less than 23% are between 31 and 50.

Homelessness

• America’s homeless veterans have served in all eras of war and during peace time. Nearly half of homeless veterans served during the Vietnam era.

• About 1.4 million other veterans, meanwhile, are considered at risk of homelessness due to poverty, lack of support networks, and dismal living conditions in overcrowded or substandard housing.

Risk Factors for Veteran Homelessness

The research is inconclusive on the relationship between Veteran status and homelessness. Some factors shown to be associated with Veteran homelessness include:

- Mental Illness
- Extreme Poverty
- Adverse Childhood Experience
- Unemployment
- Combat and traumatic experiences
- Substance Abuse
- PTSD

- And to a larger degree for female Veterans: relationship termination and domestic abuse

Source: Metraux, S; Byrne, T; Cusak, M & Hunt-Johnson, N (2017)
Demographics of Homeless Vets

- 11% of the homeless adult population are veterans
- 20% of the male homeless population are veterans
- 68% reside in principal cities
- 32% reside in suburban/rural areas
- 51% of individual homeless veterans have disabilities
- 50% have serious mental illness
- 70% have substance abuse problems
- 57% are white males, compared to 38% of non-veterans
- 50% are age 51 or older, compared to 19% non-veterans

What Seems to Work Best?

According to the National Coalition for Homeless Veterans:

“The most effective programs for homeless and at-risk veterans are community-based, nonprofit, “veterans helping veterans” groups. Programs that seem to work best feature transitional housing with the camaraderie of living in structured, substance-free environments with fellow veterans who are succeeding at bettering themselves.”
Joseph P. Dwyer Veterans Peer Support Project

- New York State funded project named in honor of Joe Dwyer, a Long Island, NY Veteran who lost his struggle with PTSD
- Program serves all Veterans regardless of discharge status
- Based on the known benefits of peer mentoring and support
- Groups and one-to-one peer relationships help address challenges of daily living and can be the entrée to VA services and community based professional support
- Trained peer mentors and civilian providers can best serve Veteran participants utilizing their individual strengths
- Curriculum developed to prepare mentors with the core competencies to work with veterans, especially those at-risk
Kyle’s Story: Success Through Peer Engagement

https://www.youtube.com/watch?v=4JsLiGOhfMI&feature=youtu.be
Role of Peers

People who have shared a common experience can more easily relate to one another’s stories and help each other to heal because they understand each other in a way that someone who has not had the shared experience cannot.
Formal and Informal Peer Relationships Provide:

- Social connection and support
- Positive role modeling
- Act as a ‘culture broker’
- Facilitate help-seeking and interaction with professional providers and navigating complex systems
- Improve quality of life
- Promote wellness strategies
- Support acceptance of illness/situation
- Improve compliance (e.g., medication, adherence)

Outcomes

- Successful peer relationships with “formally housed” veterans on Long Island, such as the one you heard from Kyle, include groups on properties managed by United Veterans Beacon House, Suffolk County United Veterans, and Concern for Independent Living
- Veteran Peers acquire skills and apply when engaging homeless veterans
  - Compliance with medication, clinical appointments
  - Employment seeking
  - Social support
  - Structure, organization, and other daily life skills

Ultimately supporting housing permanence...
Dwyer Project Peer Mentor Training Curriculum

• 16 hour training to help Veterans develop the necessary skill set to be effective non-clinical peer workers
• Focuses on developing effective use of self
• Basic one-on-one listening and responding skills
• Understanding and implementing mutual aid group process
• Understanding peer role and when to seek professional mental health collaboration
Why does collaboration matter?

• Through collaboration, veteran peers workers and professional providers can leverage their strengths to help veterans get the help and support they need.

• Civilian staff and mental health providers may be limited by lack of military experience.

• Veteran peers can help overcome barriers to help-seeking behavior by establishing a trusting relationship with the Veteran.

• Veteran peers can serve as informal and non-clinical support and as part of a treatment team.

• With these supportive collaborations we can reduce the risk of homelessness, substance abuse, and suicide in the Veteran population.
Collaboration in Action

- Concern for Independent Living
- Supportive Services for Veterans and Families (SSVF)
- Employment Opportunity Council
- United Veterans Beacon House
- Suffolk County United Veterans
Private / Public Partnerships

Innovation at its Best

• Suffolk County Veteran Service Agency
• Association for Mental Health and Wellness
  • Dwyer Project

• Successful public-private partnerships develop a clear description of the plan for addressing the established need

• Successful public-private partnerships draw on the strengths of the public and the private entities so that both can work together toward a common goal

Source: RAND Corporation; Public-Private Partnerships for Providing Behavioral Health Care to Veterans and Their Families
Resources for Veterans

- National Coalition for Homeless Veterans
  - www.nchv.org

- U.S. Dept. of Labor Homeless Veterans’ Reintegration Program
  - www.dol.gov/vets/programs/hvrp/main.htm

- National Call Center for Homeless Veterans 1-877-4AID-VET (877-424-3838)
  - Ensures that homeless Veterans or Veterans at risk for homelessness have free, confidential, 24/7 access to trained counselors. Veterans and their families can connect with a trained VA staff member

- National Suicide Prevention Lifeline 1-800-273-TALK (8255)

- Veterans Crisis Line 1-800-273-8255
  - Prevalence of calls to VCL have consistently been increasing since 2009
  - More veterans calling earlier and getting access to care

- VA Homeless Veterans Program
  - www.va.gov/HOMELESS/index.asp

- Vet Center Program
  - Vet Centers served a total of 219,509 Veterans, Service members, and Military Families in FY2015 and provided 1,663,011 no-cost visits for readjustment counseling, military sexual trauma counseling, and bereavement counseling services.
References

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