An Overview of Services

Housing: Permanent, Supportive, Transitional & SSVF

Employment and Job Training

Health and Social Services

Legal Services

Institute for Veteran Policy
What am I Going to Learn?

KEY POINTS

→ Military experience and military training

→ Combat experience

→ BATTLEMIND

→ Military and combat-related issues

→ Services

→ De-escalation and grounding techniques
The United States Armed Forces

- The Army, Marine Corps, Navy and Air Force fall under the jurisdiction of the Department of Defense (DoD).

- The Coast Guard reports to the Department of Homeland Security during peacetime and to the DoD (by way of the Navy) during wartime.

- All five branches have an active duty and reserve component. Only the Army and Air Force have National Guard components.
Enlisted Corp

- All branches use same “E-” designation for pay grades. Service specific names applied to each service (e.g., chief petty officer, master gunnery sergeant, private first class).

- Further delineation of Junior enlisted (E-1 to E-3), Junior Non-commissioned Officer (E-4 to E-6), Senior Non-commissioned Officer (E-7 to E-8).

- Usually no college before joining military.

- Average age of joining military is around 17-22 years old.
Officer Corp

- Officers are managers of the Military, acting in leadership roles that require planning, directing operations and making critical decisions.

- Typically the only persons able to act as the commanding officer (according to technical definition of the word) of a military unit. A *superior officer* has a higher rank than another officer, who is a *subordinate officer* relative to the superior.

- Officers have generally completed a four-year college degree or greater before serving.

- More responsibility/higher pay.
National Guard/Reserves

WHAT MAKES SERVICE MEMBERS IN THE GUARD DIFFERENT FROM OTHER COMPONENTS?

- Members of the Guard tend to be older and have more responsibilities “outside” military service.
- They do not have the same military support as active duty.
Elements of Military Culture

- **Chain of command** – means following orders.
- **Routine and structure** – what happens when this is gone?
- **Aggression** – faster, harder, louder, meaner.
- **Respect** – for authority and for one’s self.
- **Strength** – not asking for help.
- **Honor** – used to being trusted.
Military Operation Eras

CONFLICTS

**World War Two Era (1941-1945)** — World wide military service. From Pacific to Atlantic, North Africa, Italy, Mainland Europe

**Cold War Era (1945-1991)** — Includes Korean War, Lebanon Crisis of 1958, Vietnam War, Dominican Intervention, Grenada, Beirut, Libya, Panama


**War on Terrorism (2001-Present)** — Includes Operation New Dawn, Operation Iraqi Freedom, Operation Enduring Freedom, Operation Inherent Resolve

   Also Known As Overseas Contingency Operations
Life Cycle of Military Enlistment

- Visit the recruiter/sign paperwork
- Basic training
- Advanced training: AIT/A-School/job-related training
- Assignment to unit
- Deployment
- EAOS: What happens next
- Exit military/re-enlist
Basic Movie
Advanced Training
Operations

“Look again" station stationoz.com
Who is a Veteran?

Not everyone who was in the military self-identifies as a VETERAN

STEREOTYPES ABOUT THE VETERAN POPULATION

- All veterans are in crisis.
- All veterans have served in combat.
- All veterans have access to the Department of Veterans Affairs (VA) healthcare.
Identify a Veteran
Identify a Veteran
Identify a Veteran
Identify a Veteran

- Vietnam 67-68
- Gone But Not Forgotten
- 1/8 Sniper Plq Fallujah Iraq
- Householder J.M. A POS
- USMC M Christian
- XXX XX 6725
Identify a Veteran
Identify a Veteran
Identify a Veteran

- Acronyms
- Cursing/swearing
- Military-related jargon
- Phonetic alphabet
Identify a Veteran
By the numbers, who they are?

HOW MANY PRE-9/11 VETERANS ARE THERE?

- Beginning 2016 Gulf War Era Veteran became largest Veteran Cohort: 7,271,000
- Vietnam Era second largest: 6,651,000.
- Korean Conflict era Veterans: 1,475,000.
- Still 624,000 World War Two Veterans in US.
- California ranks Number One with most Veterans in US.

2017-2037 Veteran Population Projections US Department of Veterans Affairs.
*https://www.va.gov/vetdata/docs/demographics/new_vetpop_model/vetpop_infographic_final31.pdf
By the numbers, who they are?

HOW MANY POST-9/11 VETERANS ARE THERE?

- Over 2.8 million men and women have been deployed since September, 2001.

- Forty percent have been deployed more than once.

- Almost two million Iraq and Afghanistan veterans are currently separated from the military, and 47* have enrolled in VA healthcare.

By the numbers, who they are?

California Veterans

- California has around **1.8 million veterans**, more than any state, expecting to increase **35,000—40,000** new veterans every year for the next several years. Forty percent have been deployed more than once.

- The California National Guard is the nation’s largest and most frequently deployed force in the country with **40,000 deployed** since September 11, 2001.

- California veterans have high rates of unemployment compared to other states and compared to the civilian population, at **5.4% for all California** veterans.

https://www2.census.gov/library/visualizations/2015/comm/vets/ca-vets.pdf
MILITARY OPERATIONS OTHER THAN WAR (MOOTW) focus on deterring war, resolving conflict, promoting peace, and supporting civil authorities in response to domestic crises.

- 17 different types of MOOTW.
- Since 2000, there have been 30 completed post-cold war operations.
- U.S. currently deployed in 134 countries, on every continent.

MOOTW Video
# The Combat Experience

## HOW ARE THE CURRENT CONFLICTS DIFFERENT FROM PRIOR CONFLICTS?

- Multiple deployments.
- Lengthier deployments.
- 360 degrees of fighting (no “front” lines).
- Urban combat with no clear enemy.
The Combat Experience

TRIGGER WARNING: GRAPHIC CONTENT DEPICTING SCENES OF WAR
The Combat Experience
How to Communicate
What You do to Survive
Acceptable Behavior

Driving
Feeling Secure
Vigilance, Constantly on Alert for Danger
Buddies (Cohesion) vs. Withdrawal

**Combat:** No one understands your experience except your buddies who were there.

**Home:** Re-establishing bonds with family and friends that have changed takes time.
Accountability vs. Control

**Combat:** Maintaining control of weapon and gear is necessary for survival.

**Home:** May become angry when someone moves or messes with your stuff.
Tactical Awareness vs. Hyper-Vigilance

**Combat:** Survival depends on being aware of your surroundings at all times.

**Home:** May feel anxious in large groups or situations where you feel confined.
Targeted vs. Inappropriate Aggression

**Combat:** Service members make split second decisions that are lethal in a highly ambiguous environment.

**Home:** Overreacts to insults, inappropriate aggressiveness, assault, spousal abuse, snapping at kids, buddies or a boss.
Mission/Operational Security vs. Secretiveness

**Combat:** Talking about the mission only with those who need to know.

**Home:** Avoid sharing their deployment experiences with significant other.
Emotional Control vs. Anger/Detachment

**Combat:** Controlling emotions is critical for mission success.

**Home:** Flat affect. No emotions. May seem cold, uncaring, detached.
Mission Accomplishment vs. Failure

**Combat:** Taught never to give up; win at all costs.

**Home:** Difficult to accept situations that are out of one’s control and/or defeat.
Individual Responsibility vs. Guilt

**Combat**: Responsibility is to survive and do your best to keep your buddies alive.

**Home**: May feel you have failed your buddies if they were killed or seriously injured.
Lethally Armed vs. Unarmed

**Combat:** Carrying your weapon at all times was mandatory and necessary.

**Home:** Feeling the need to have weapons on you, in your home and/or car at all times.
Non-Defensive vs. Defensive Driving

**Combat:** Unpredictable, fast, rapid lane changes, straddling the middle line, keeping other vehicles at a distance.

**Home:** Aggressive driving leads to speeding tickets, accidents, fatalities.
Combat Driving

TRIGGER WARNING: GRAPHIC CONTENT DEPICTING SCENES OF WAR
Combat Driving

DRIVING:
Through the eyes of a veteran with P.T.S.D

What it looks like

© Swords to Plowshares Combat to Community™ 2018
Combat Driving

Potential Threats Ahead

What it feels like
PARKING: THROUGH THE EYES OF A VETERAN

WHAT IT LOOKS LIKE
Combat Driving

WHAT IT FEELS LIKE

IMPROVISED EXPLOSIVE DEVICE
ROAD BLOCK
CONCEALED ENEMY POSITION
CHOKE POINT

The Battle Buddy Foundation
Military-Related Stress and Injuries

- Physical injuries including musculo/skeletal, paralysis, amputation, burns and blindness
- Post-traumatic stress disorder (PTSD)
- Traumatic brain injury (TBI)
- Military sexual trauma (MST)
- Alcohol and/or substance abuse
- Depression/suicide
Exposure Related Health Concerns

- Agent Orange
- Gulf War Era Service
- Radiation/Depleted Uranium/Toxic Embedded Fragments
- Heat/Cold Injuries
- Birth Defects
- Vaccines/Medications
- Chemicals (Burn Pits, Sulfur Fire, Chromium, Military Base Water Supplies)
- Warfare Agents (Chemical, Biological, Nerve, Blister Agents)
- Traumatic Brain Injury
Military/Veteran Related Diseases

- **Infectious Disease:** Nine specific to First Gulf War/OIF/OEF
- **Chronic Illness:** Diabetes mellitus, Lupus erythematusus, syringemyelia, etc....
- **Tropical Diseases:** Black Water Fever, leishmaniasis (including Kala-azar), etc....
- **Diseases specific to former prisoners of war:** Beriberi, pellaga, ect....
- **Diseases specific to radiation-exposed veterans:** Mesothelioma, all cancers, etc....
- **Diseases associated with exposure to certain herbicide agents:** AL Amyloidosis, etc....
- **Diseases associated with exposure to contaminants in water supply on bases and ships:** Aplastic anemia, etc....
Recognizing PTSD

**Exposure to a traumatic event**

- Experienced, witnessed or was confronted by death or serious injury.
- Experienced intense fear, helplessness or horror.

**Symptoms (four groups)**

1. Avoidance and numbing
2. Hyper-arousal
3. Re-experiencing
4. Negative changes in beliefs and feelings
PTSD AND HEALTH

*PTSD is associated with greater healthcare use and an increased risk of medical conditions in veterans.*

**Younger Veterans with PTSD**
- weight loss barriers and poor cardiometabolic outcomes, chronic fatigue, musculoskeletal disorders, respiratory and sleep disorders, migraine headaches

**Older Veterans with PTSD**
- Hypertension and cardiovascular disease, angina pectoris, tachycardia, other heart disease, diabetes, stomach ulcer, gastrointestinal disease, fibromyalgia, chronic fatigue syndrome, osteoporosis and osteopenia, musculoskeletal disorders, autoimmune disease, arthritis

Friedman & Schnurr, 1995; Schnurr et al, 2000; Durai et al, 2011; Pietrzak et al, 2012; Hall et al, 2014; Klingaman et al, 2016; Thomas et al, 2017; El-Gabalawy et al, 2018; Ryder et al, 2018
There is a high co-morbidity of substance use and mental health issues among veterans:

- More than 2 of 10 veterans with PTSD also have SUD, and almost 1 out of every 3 veterans seeking treatment for SUD also has PTSD.

Of Iraq and Afghanistan veterans diagnosed with AUD, DUD, or both:

- 55-75% concurrently receive PTSD, major, or manic depression diagnosis.

- AUD, DUD diagnosis, or both is 3-4.5 times more likely in veterans with PTSD or depression.
Substance Use Disorder (SUD)

- **18%** of OIF/OEF/OND veterans seen at VA in 2015 have been diagnosed with a SUD.
- **22%** of Vietnam veterans are said to have been drug dependent at some point.
- **16%** of veterans have untreated SUDs.
- **70%** of homeless veterans also experience a SUD.
- There is a high co-morbidity of substance use and mental health issues among veterans:
  - More than **2 of 10** veterans with PTSD also have SUD, and almost **1 out of every 3** veterans seeking treatment for SUD also has PTSD.
Substance Use Disorder (SUD)
METHAMPHETAMINE IS NOT AS PERVASIVE A PROBLEM as alcohol, but there are still significant numbers of veterans affected.

- According to the Federal Center for Behavioral Health Statistics and Quality, out of 17,641 veterans, ages 21-39, who accessed substance abuse treatment at non-VA facilities in 2010, around 6% were primarily meth users. By comparison, 51% alcohol, 9% heroin, 12% marijuana, and 6% cocaine.

- The drug releases a wave of adrenaline and dopamine in the brain, mimicking exposure to combat and other stress-inducing environments.

- Negative mental effects from chronic use can be similar to PTSD.
## Substance Use Disorders

### Table 1

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>303,488</td>
<td>334,130</td>
<td>362,737</td>
</tr>
<tr>
<td>Any drug</td>
<td>182,003</td>
<td>198,989</td>
<td>216,173</td>
</tr>
<tr>
<td>Opioid</td>
<td>35,240</td>
<td>39,020</td>
<td>43,332</td>
</tr>
<tr>
<td>Cocaine</td>
<td>74,995</td>
<td>77,371</td>
<td>80,348</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>9430</td>
<td>10,580</td>
<td>11,972</td>
</tr>
<tr>
<td>Cannabis</td>
<td>53,516</td>
<td>62,294</td>
<td>73,687</td>
</tr>
<tr>
<td>Comorbid SUD and PTSD</td>
<td>77,325 (20%)</td>
<td>91,584 (21.6%)</td>
<td>105,736 (22.9%)</td>
</tr>
</tbody>
</table>

SUD, substance use disorder; PTSD, posttraumatic stress disorder.

Personal communication, Jodie Trafton, PhD, Program Evaluation and Resource Center, VA Palo Alto Health Care System.
Since 2000, over **350,000** service members have been diagnosed with a traumatic brain injury.

Slightly more than half of the injuries in the Iraq and Afghanistan wars are due to blasts.

Difficult to estimate frequency of concussion among combat troops who do not require medical treatment, as they may be only briefly stunned or knocked unconscious.

Symptoms of TBI **may mimic alcohol use.**
War causes wounds and suffering that last beyond the battlefield. Swords to Plowshares' mission is to heal the wounds of war, to restore dignity, hope, and self-sufficiency to all veterans in need, and to prevent and end homelessness and poverty among veterans.
Military Sexual Trauma

- Military sexual trauma (MST) refers to both sexual harassment and sexual assault that occurs in military settings.

- In FY 2015, there were 6,083 reports of sexual assault. It often goes unreported due to stigma and fear of potential loss of military career. Only 1 in 4 assaults are actually reported.

- Sexual assault has a larger impact on PTSD symptomatology than any other trauma, including combat exposure.
Veterans with post-traumatic stress disorder are more likely to commit acts of domestic/inter-partner violence than those without.

Often learned military tactics such as hyper-vigilance and rapid response to threatening encounters may translate to aggressiveness, impulsivity, and potential for violence in the civilian community.

Veterans represent 8 percent of state and federal prisoners, and 7 percent of jail inmates. Incarcerated veterans are more likely than incarcerated non-veterans to have committed violent crimes.

The single greatest predictive factor for the incarceration of veterans is substance abuse.

Suicide

- The VA has confirmed 20 suicides per day among the entire veteran population and 1,000 suicide attempts per month among all veterans seen at VA medical facilities. Decrease from prior years, but rates are going up.

- Veteran men: 2x as likely to complete suicide than non-veteran men.

- Women veterans: 2 – 3x more likely to complete suicide than non-veteran women.

Suicide Prevention - Risks

Factors which may signal greater likelihood of suicidal behaviors:

• A prior suicide attempt
• Mental health conditions
• Stressful life events (divorce, job loss, death)
• Availability of lethal means

Veterans Crisis Line at 1-800-273-8255 and Press 1, send a text message to 838255, or chat online.
Suicide Prevention Imminent Warning Signs

Imminent Warning signs:

• Threatening to hurt or kill oneself
• Looking for ways to kill oneself
• Trying to get pills, guns, or other means to harm oneself
• Talking or writing about death, dying or suicide

Veterans Crisis Line
1-800-273-8255 PRESS 1

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LOOK FOR THREE FACTORS:

1. “Thwarted effectiveness”
2. “Thwarted Belongingness”
3. “Accrued Lethality”

According to Dr. Thomas Joiner, a leading expert on suicide:

Thwarted Effectiveness + Thwarted Belongingness + Accrued Lethality = Increased Risk of Suicide
Homelessness

- **39,471** veterans have experienced homelessness in 2016.
- Accounts for just over **9 percent** of all homeless adults.
- **50 percent** decline since 2010.
- **1 in 3** homeless veterans are in California and Florida.
**WOMEN VETERANS** share many of the short- and long-term physical and emotional consequences and needs that their male counterparts face as a result of serving their country. In addition, as women veterans they have unique experiences and needs.
Considerations for WOMEN VETERANS

Higher use of community care outside the VA.  
Less likely to self-disclose veteran status.  
Higher rates of depression and suicidality.

Common physical health considerations:  
• Back trouble, arthritis and muscular alignments  
• Digestive illnesses, urinary problems, gynecological and reproductive challenges 
• Headaches and migraines

Women in the Military

BY THE NUMBERS

- **15%**: Active duty force.
- **19%**: National Guard and Reserves.
- **20%**: New recruits.
- **10%**: Veterans (projected to nearly double over next 20 years while the population of men is projected to decrease).
- **12%** of active duty women and **16%** of women Guard and Reserves are single mothers, compared to **4%** who are single fathers.
LGBTQ VETERANS AND SERVICE MEMBERS BY THE NUMBERS

→ There are an estimated 70,000 LGB personnel currently serving with an additional 15,000 trans personnel serving.

→ More than one million veterans are estimated to be LGBT with 134,000 of those being trans.

→ The U.S. military is the world’s largest employer of trans individuals.
Gay and bisexual veteran men have higher rates of tobacco, heavy drinking, and substance use. Lesbian women veterans have higher rates of tobacco use.

LGBTQ+ veterans have higher rates of mental distress and suicidal ideation than other veterans.

LGBTQ+ veterans often don’t feel comfortable accessing veteran specific services and integrating in veteran spaces.

Trans veterans can get all care except for gender confirmation surgery through VA.

Levahot et al., 2014; Blosnich et al, 2013; Kauth & Shipherd, 2017; Monin et al, 2017; Tucker et al, 2018; Pels et al, 2018
LGBT Services at the VA

LGBT veterans may receive all-care (to include sexual healthcare and PrEP) at the VA just like straight service members although it may be difficult to find culturally competent care.

- It is important as advocates that we push VAMCs to have cultural competency trainings for staff.

Trans veterans can get all-care except for gender confirmation surgery through VA.

- This includes post-operative care for GCS and all hormone treatments.
Aging Veterans

- Veterans aged 55+ represent 66% (13.9 million) of the veteran population in the U.S. 22% are over 75 years old. (VetPop. 2016.)

- Veterans are older than their chronological age.

- Older veterans (age 51 or older) represent 50% of all homeless veterans. (HUD PIT Count. 2016.)

- PTSD is one of the most common sequelae in older veterans. Older veterans with PTSD symptoms significantly more likely to report:

- Older veterans are at an increased risk of suicide:
  - Two-thirds who commit suicide are age 50 or older. (VA Office of Suicide Prevention, 2016.)
Health Outcomes Related to Military Service

LATE-ONSET STRESS SYMPTOMATOLOGY (LOSS)

- Hypothesized phenomenon among older veterans who:
  
  a) experienced highly stressful combat events in early adulthood;
  
  b) functioned successfully throughout their lives, with no chronic stress-related disorders; but
  
  c) begin to register increased combat-related thoughts, feelings, reminiscences, memories, or symptoms commensurate with the changes and challenges of aging, sometimes decades after their combat experiences.

- LOSS is distinct from PTSD.

NCPTSD, 2009.
### Aging Veterans

<table>
<thead>
<tr>
<th>PTSD AND DEMENTIA</th>
<th>Depression AND DEMENTIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>- PTSD exacerbated upon onset of cognitive impairment.</td>
<td>- Two times as likely to develop incident dementia compared with those with no depression.</td>
</tr>
<tr>
<td>- Those diagnosed with PTSD more than two times as likely to develop dementia.</td>
<td></td>
</tr>
</tbody>
</table>

Aging Veterans

Health Outcomes Related to Military Service

DIABETES

1 in 4 veterans at VA has diabetes

→ compared to ←

1 in 10 Americans has diabetes
# Military Discharges by Type

<table>
<thead>
<tr>
<th>TYPE</th>
<th>DESCRIPTION</th>
<th>VA BENEFITS ELIGIBILITY</th>
<th>NUMBER DISCHARGED FISCAL 2000-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honorable</td>
<td>Service member met the standards of acceptable conduct and performance.</td>
<td>Yes</td>
<td>1,983,893</td>
</tr>
<tr>
<td>General</td>
<td>Service record is satisfactory but not sufficiently meritorious to warrant an honorable discharge.</td>
<td>Yes, except GI Bill</td>
<td>172,125</td>
</tr>
<tr>
<td>Uncharacterized</td>
<td>Applies to those who leave the military within 180 days.</td>
<td>Yes</td>
<td>288,568</td>
</tr>
<tr>
<td>Other than Honorable</td>
<td>Service record shows some misconduct, but not with a court-martial conviction.</td>
<td>Maybe</td>
<td>125,204</td>
</tr>
<tr>
<td>Bad Conduct</td>
<td>Equivalent to a civilian criminal conviction. Requires conviction by court-martial.</td>
<td>Maybe</td>
<td>19,054</td>
</tr>
<tr>
<td>Dishonorable</td>
<td>Often compared to committing a felony.</td>
<td>No</td>
<td>1,467</td>
</tr>
</tbody>
</table>

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Harm Reduction

- Incorporates spectrum of strategies from safer use, to managed use, to abstinence.
- Meet client “where they are at”
- No universal definition of or formula for implementing modality
- Establishes quality of individual and community life and well being, not cessation of use, as criteria for successful interventions
- Provides opportunity for decreased/discontinued use and services at anytime client wishes to utilize

https://harmreduction.org/about-us/principles-of-harm-reduction/
DE-ESCALATE

*Def*: Whenever possible, *REDUCE* the intensity of a conflict

**PTSD** = Intensity of Emotions

- Fear
- Anger
- Sadness
- Helplessness
Cultural Sensitivity in Case Conferencing

- Inclusive case conferencing process to support case coordination and problem-solving, that occurs regularly with case management and other staff serving Veterans, Veterans’ families and multiple different subpopulations within this community:
  - Don’t ask, “Are you a Veteran”. Ask, “Have you BEEN in the military”
  - Be Careful with “Thank You for Your Service”
  - Have a Plan for Trauma Stories. Be mindful of questions that imply judgements
  - See Veterans’ Actions through Lens of Conditioning.
  - Take Suicide Seriously
  - Help Veterans Understand That They Must Advocate for Themselves

https://www.repwavets.org/cultural-competence-tips-for-working-with-veterans.html
Trauma-Informed Care Model

- Trauma-informed care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and creates opportunities for survivors to rebuild a sense of control and empowerment.

- Because trauma survivors don’t relate to the world in the same way as others who haven’t had these experiences, they require services and responses tailored to their needs.

- Hope plays an important part.
Separating the Trauma from the Veteran

DISTINGUISH THE VETERAN from the trauma she has experienced.

“VICTIM” is counter to being a “WARRIOR.”

Veteran who "HAS EXPERIENCED."

MILITARY SEXUAL TRAUMA is not a diagnosis but the type of trauma which may lead to post-traumatic stress disorder for service connection.
Active Listening

The act of mindfully hearing and attempting to comprehend the meaning of words spoken by another in a conversation or speech.

- Mirroring
- Paraphrasing
- Emotional Labeling
- Summarizing
- Remember: SAFETY FIRST!
Supplemental Active Listening Skills

**EFFECTIVE PAUSES:** Deliberate silence before or after a comment by the counselor.

**MINIMAL ENCOURAGERS:** Verbal and non-verbal signs to the subject the counselor is being attentive to what is being said or experienced. Verbal examples include “yes”, “continue”, “okay”, and “right”. Non-verbal examples include nodding the head, leaning forward, or watching the individuals face/eyes/mouth.

**OPEN-ENDED QUESTIONS:** Prompts the individual to expand upon concerns, ideas, perspectives/perceptions, and encourages clarification. Do not limit questions to yes or no responses.

**DEFER JUDGEMENT:** Interrupting frustrates the speaker and limits full understanding of the message. Allow the speaker to finish each point before asking questions and do not interrupt with counter arguments.
Conflict Resolution

CONFLICT RESOLUTION TECHNIQUE: VOMP

- Vent
- Ownership
- Moccasins
- Plan/Prevention

CONFLICT RESOLUTION TECHNIQUE: INTENTIONAL DIALOGUE

ENCOURAGE USE OF WORDS: Mindfulness...Mirroring...Validation...Empathy

...Engage your brain before you engage your weapon.

General James Mattis, USMC. 2003
Skill/De-Escalation Sets

LISTENING SKILLS: SLANT
- Sit Up
- Listen
- Ask questions
- Nod
- Track speaker with eyes

EFFECTIVE SKILLS IN SESSION
- Reflective Listening
- Supportive/Empathic
- Complimentary, not punitive
- Reassurance
- Acknowledge trauma/stress/disjointed experience of military culture/life
- Adjust to resistance
- Create mutual relationships
- Specifically related to Grief: Be Present and Say Nothing

TWO OF THE BEST THERAPEUTIC TOOLS
1. Silence
2. Creating the relationship
Skill Sets

MOTIVATIONAL INTERVIEWING TECHNIQUE: OARS
- Open-ended questions
- Affirmations (believable)
- Reflections
- Summary statements

MOTIVATIONAL TECHNIQUE: TRIPLE R
- Reflections
- Rolling with resistance
- Reframing
Motivational Interviewing

Directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.
Focused and goal-directed.

EXAMPLES OF MOTIVATIONAL INTERVIEWING QUESTIONS

Do you mind if we talk about [insert behavior]?
Can we talk a bit about your [insert behavior]?
I noticed on your medical history that you have hypertension, do mind if we talk about how different lifestyles affect hypertension?

*(Specific lifestyle concerns such as diet, exercise, and alcohol use can be substituted for the word “lifestyles” in this sentence.)*
VA Evidence Based Treatment Modalities

- Multiple Modalities address different issues/disorders:
  - Cognitive Behavioral Therapy
  - Cognitive Process Therapy
  - Acceptance and Commitment Therapy
  - Interpersonal Therapy
  - Prolonged Exposure Therapy
  - Social Skills Training
  - Behavioral Family Therapy
  - Multi-Family Group Treatment
  - Dialectical Behavioral Therapy

https://www.minneapolis.va.gov/services/MentalHealth/MHebt.asp
VA Evidence Based Treatment Modalities

• Multiple Modalities address different issues/disorders:
  o Motivational Enhancement Therapy
  o Integrated Behavioral Couples Therapy
  o Family Consultation
  o Support and Family Education
  o Problem Solving Training
  o Contingency Management

https://www.minneapolis.va.gov/services/MentalHealth/MHebt.asp
Other Skills

EMPATHY

The natural byproduct of effective active listening. Implies an identification and understanding of another’s situation, feelings, and motives. Requires proper tone. This indicates attitude and genuineness through tone, volume, and cadence. It expresses emotion, demeanor, and a degree of sincerity.

Seeks to understand, then to be understood.

em·pa·thy
ˈempəθē/

noun

noun: empathy

the ability to understand and share the feelings of another.
Other Skills

RAPPORT

- Creates trust and mutual like-mindedness.
- Once empathy is established, rapport develops and the individual is in a better position to listen to the counselor.
- Themes are created (explain, justify, mitigate).
- Defensive mechanisms explored (rationalization).
- Minimizations occur (downplaying negative behavior by individual).
- Blending concepts (reduce real or perceived differences—find common ground).
IF A VETERAN IS NON-COMPLIANT, preoccupied and agitated, a grounding technique can keep them paying attention to you.
Basic Eligibility Criteria for VA Care

• Benefits are **NOT** automatic, you need to go and apply.
• **Always get assistance** when applying for benefits.
• Make sure you have evidence/proof (service/medical records, DD-214, letters of support from family/other service members).
• **Healthcare** for combat veterans is **free** for 5 years, but the veteran must go to a VA Medical Center to apply in person.
• **Mental Healthcare** for veterans is **free** for 1 year.
How do I refer patients to the VA?

**Veteran is enrolled:**
Call the VA health facility where you want to receive care. This is usually the quickest way to make all your VA appointments. [Find your VA health facility’s phone number](#).

- **My HealtheVet**
  Outpatient mental health, optometry, and audiology, at participating facilities Primary care appointments

- Veterans Crisis Line: 1-800-273-8255, then press 1

**Veteran is not enrolled:**
They need to apply using a specific form (Application for Health Benefits: VA Form 10-10EZ) at the Veterans Health Administration. They can apply online, in person, or by phone.
Helping Veterans

build rapport
  “Welcome home”
  “How can I help you?”

ask factual, logical questions
  “How long have you been home?”
  “What did you do in the military?”

connect to resources

avoid “judging” statements & questions
  “How many people did you kill?”
  “What do you think of the war?”
  “Thank you for your service.”
Founded in 1995, the California Association of Veteran Service Agencies (CAVSA) is a consortium of six non-profit veteran service providers working in partnership to address the needs of California’s veterans. CAVSA’s geographic diversity facilitates the delivery of direct services in both urban and rural regions throughout the state, stretching from Eureka to San Diego.

CAVSA is dedicated to ensuring that veterans of all eras have the understanding, tools, and support from their communities to provide for a successful transition back home. We advocate for reform at the local, state, and national level to increase access to care, and improve services for all veterans and their families.
SERVICES PROVIDED:

- Health and Social Services
- Emergency, Transitional, Permanent Housing
- Legal Services
- Employment and Training Services
- Supportive Services for Veterans and Families (SSVF)
- Women Veterans Services
- Institute on Veteran Policy
- Income Support Services
VA Hotlines

VETERANS CRISIS LINE
(800) 273-8255
(800) 273-TALK
Text: 838255

COMBAT CALL CENTER
(877) 927-8387
(877) WAR-VETS

WOMEN VETERANS CALL CENTER
(855) 829-6636
(855) VA-WOMEN
Family Resources

- **Sesame Street talk, listen, connect**
  [http://www.sesamestreet.org/parents/topicsandactivities/toolkits/tlc](http://www.sesamestreet.org/parents/topicsandactivities/toolkits/tlc)

- **National Military Family Association**
  [http://www.militaryfamily.org](http://www.militaryfamily.org)

- **Supportive Services for Veteran Families Program**

- **Vet Centers**

- **VA Caregivers Program**
  [http://www.caregiver.va.gov](http://www.caregiver.va.gov)
Documentaries

- **War Torn 1961-2010** (Directed by Jon Alpert, Ellen Goosenberg Kent) Chronicles the lingering effects of combat stress and post-traumatic stress on military personnel and their families throughout American history.

- **Hell and Back Again** (Directed by Danfung Dennis) Is an intimate, visceral portrait of one man’s personal struggle at home in North Carolina, where he confronts the physical and emotional difficulties of re-adjusting to civilian life with the love and support of his wife.

- **Lioness** (Directed by Meg McLagan and Daria Sommers) The untold story of the first women in U.S. history to be sent into direct ground combat.

- **Invisible War** (Directed by Kirby Dick) An investigative documentary about the epidemic of rape within the U.S. military.
SWORDS TO PLOWSHARES WEBSITE:  
swords-to-plowshares.org/advocacy-and-policy/research-publications

- Reference Guide: Facts and Figures on Veterans and their Families (February 2016)
- Right to Care: Voices of the Swords to Plowshares Veteran Community (2016)
- Findings of the Aging Veteran Population (2016)
- Military Sexual Trauma: Understanding Prevalence, Resources and Considerations to Care (2015)
- Veterans and Criminal Justice: A Review of the Literature (August 2012)
- Bay Area Domestic Violence Screening Guide
- Women Veterans Screening Guide
Social Media

GIVING IS GREAT, BUT THERE ARE MANY WAYS TO SUPPORT OUR ORGANIZATION. We invite you like our Facebook page and post photos. Follow us on Twitter and Instagram. Check out our Flickr albums and YouTube videos. Keep up with our job opportunities on LinkedIn. Help share and promote our good work to the world. Because it does make a difference.

WHERE TO FIND US:

flickr.com/vetshelpingvets
twitter.com/vetshelpingvets
instagram@vetshelpingvets
youtube.com/vetshelpingvets
facebook.com/vetshelpingvets
linkedin.com/company/swords-to-plowshares

And don’t forget you can sign up for our newsletter!
Register at: www.swords-to-plowshares.org/contact
Questions
Thank You For Your Attendance

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