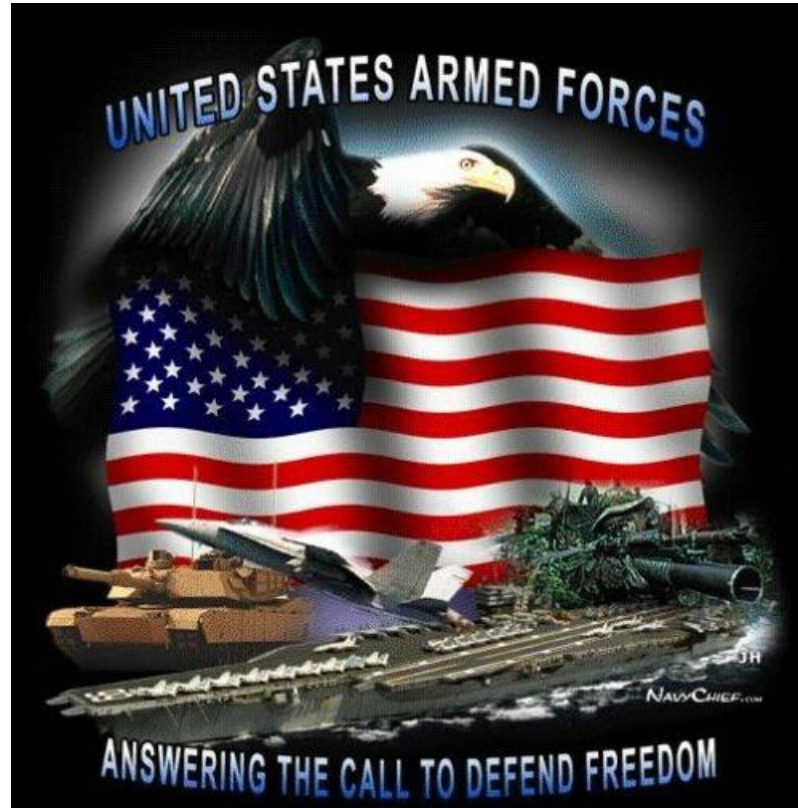


Counseling Troops, Veterans and Their Families

Webinar Sponsored by North Carolina Central University
Department of Counselor Education
Durham North Carolina

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Coping Strategies for Combat Related Stress



When a Family Has Been Called to War

Today's Goals

- Active Duty
- Military Culture
- Veterans
- Civilian Counselor's Role
- Best Practices for Treatment and Support
- Counselor Self-Care

Active Duty

- Those in fulltime military service to the United States
Army –Soldiers, Navy- Sailors, Air Force- Airmen, Coast Guard- Guardians and Reserves.
- 1,430,895 people on active duty in the military
- 848,000 people in the seven reserve components
- 33 % minorities
- 20% are women
- 25% in the Reserves
 - 17% Reserves are women
- 7.8 percent of all military members are single parents
- 12.7% are in dual-military marriages
 - 5% Reserves are in a dual-military marriage

Military Stressors

- Combat
 - Loss
 - Weariness
 - Loss of control
 - Military Sexual Trauma
 - Deployment
-
- National Center for PTSD





Family Needs

- Counselors in a variety of settings encounter clients facing potential grief, loss and uncertainty related to deployment.
- Clients face adjusting to changes in family structure and media coverage that may exacerbate anxiety.
- Attending school , working and otherwise going on with their lives during this time of separation and reintegration is stressful.
- What resources are available for these families?
- Increasing mental health needs of these families are placing mounting strains on services available though the military. How can counselors respond?

- Three out of every five deployed service members have family responsibilities
- Women now make up 16% of this all voluntary military force and are assigned to 90% of all military job categories

Deployment Cycles

- Deployment is generally a long term assignment typically in a war or combat zone.
- Three out of every five service members deployed have family responsibilities.
- Stages of preparation, endurance and returning

- Divorce Rates are leveling off at 3.6%

Emotional Deployment Cycle

- **Pre-deployment** (varies)
- **Deployment** (1st month)
- **Sustainment** (months 2 thru 5)
- **Re-deployment** (last month)
- **Post-deployment**
(3-6 months after deployment)

The Seven Stage Cycle Model:

- Anticipation of Departure
- Detachment and Withdrawal
- Emotional Disorganization
- Recovery and Stabilization
- Anticipation of Return
- Return Adjustment and Renegotiation
- Reintegration and Stabilization

ARFORGEN.

- Army model !
 - Reset
 - Train/Ready
 - Available

Specific Needs of Children

- School counselors faced with helping civilian and military communities assess the impact of deployment.
- Advocate for the child, family and staff
 - K-6
 - Middle School
 - High School
- Loss and Grief
- Resilience

- Military Child School Education Coalition

Deployment Behaviors for Children and Adolescents

	Ages	Behaviors	Moods	Remedies
Infants	<1	Refuses to eat	Listless	Support for parent pediatrician
Toddlers	1-3	Cries, tantrums	Irritable, sad	Increased attention, holding, hugs
Preschool	3-6	Potty Accidents clingy	Irritable, sad	Increased attention, holding, hugs
School Age	6-12	Whines, body aches	Irritable, sad	Spend time, maintain routines
Teenagers	12-18	Isolates, uses drugs	Anger, apathy	Patience, limit- setting, counseling

At Risk Factors

- Families with history of rigid coping styles; a history of family dysfunction
- First military separation
- Families having recently moved to a new duty station
- Families with young children
- Those with lower pay grades
- Families without a unit affiliation; and National Guard and Reserve families
- Dual career and single parent families

Family Support

- **North Carolina National Guard Family Readiness Program**
- Community Volunteer groups
- Living off-base
- Extended family members

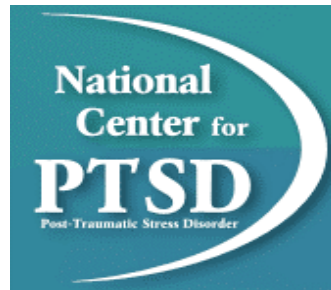


Resources

RETURNING FROM THE WAR ZONE

Created by experts at the National Center for PTSD, 2006

A Guide for Families of Military Members



Veterans

- Women 7.5% or 1.5 million out of 23.4 million vets
- 68 % white
- 20 % black
- 7% Hispanic
- 2% Other/ Biracial
- >1% Pacific Islander



Returning Warriors

- Men and women returning from war often describe their experiences as life changing.
- What does this mean for counselors who interact with soldiers and their families as clients?
- The aftereffects of combat duty have implications that require awareness of direct and indirect traumatic events in the lives of our clients.
- Reservists have problems readjusting

Vet Centers

- Vet Centers provide readjustment counseling and outreach services to all veterans who served in any combat zone.
- Services are also available for their family members for military related issues.
- National Center for PTSD

Vet Centers in North Carolina



Charlotte: [Charlotte Vet Center](#)

Fayetteville: [Fayetteville Vet Center](#)

Greensboro: [Greensboro Vet Center](#)

Greenville: [Greenville, NC Vet Center](#)

Raleigh: [Raleigh Vet Center](#)

Civilian Counselors

- School counselors
- Career Counselors
 - Unemployment Rate 13 %
 - Problems identifying skill set
- Clinical Mental Health
 - Mental Heal Concerns in general case loads
 - Reservists



Why the need?

- 700,000 children in America have at least one parent deployed.
- Armed forces consist of female service members, National Guard members, reservists, and minorities
- Approximately 1.5 million American troops have been deployed in support of the war effort;
- One-third of them have served at least two tours in a combat zone,
- 70,000 have been deployed three times
- 20,000 have been deployed at least 5 times.

Other Considerations

- 1991 to 2003, 9.5 percent of recent veterans were unemployed within two years of separation from active duty, compared with 4.3 percent for nonveterans of comparable age, gender and education.
- Returning soldiers face stereotypes and troubles.





Falling Through the Cracks

- Anecdotal evidence indicates that service members and families needing psychological care may fall through the cracks.
 - Previous MH treatment in the military
 - Discharge type
 - Limited resources from the VA



Common Mental Health Concerns

- General military community
 - Vets, Families, Significant Others
- Posttraumatic Stress Disorder (PTSD)
- Depression
- Anxiety
- Substance Abuse
- Diversity



PTSD



- PTSD

Intrusive memories Avoidance and numbing

Increased anxiety or emotional arousal
(hyperarousal)

Anxiety

Treat it now or later!

Traumatic Brain Injury

- **PTSD CheckList – Military and Civilian**

Traumatic Brain Injury

- 22% of all combat casualties from these conflicts are brain injuries in current war
- 12% of Vietnam related combat casualties

Secondary PTSD

- Symptoms are the same as primary PTSD
- Caregivers
- **Depression**
- **Isolation .**
- **Rage**
- **Avoidance of Feelings**
- **Survival Guilt**
- **Anxiety Reactions .**
- **Intrusive Thoughts**
- **Insomnia/Nightmares**

Treating Returning Warriors and Their Families

- Family and Couples

 - Systems Approach

- EMDR

- CBT

 - Exposure

 - CPT

<https://cpt.musc.edu/index>

Triggers and Anniversary Events

- Thoughts, places , items and events associated with Trauma
- Holidays
- Birthdays
- Normal reaction to abnormal events.
- War is Crazy not veterans.

Cognitive Processing Therapy

- A 12 - week treatment protocol that combines Cognitive and Exposure therapies for the treatment of Posttraumatic Stress Disorder
- Manualized specific form of CBT for PTSD that has a primary focus on cognitive interventions.

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From a Traumatic Event

Session 1

- The initial session of CPT is psychoeducational; the symptoms of PTSD are explained within a cognitive and information processing theory framework. And patients are asked to write an “impact statement.”

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Session 2

Focuses an eye toward identifying problematic beliefs and cognitions or “stuck points”.

Clients are then taught to identify the connection between events, thoughts, and feelings and to practice this as homework.

Session 3

- includes a review of the self-monitoring homework, and patients are instructed to write a detailed account of their most traumatic event at home and to read it every day prior to the session.

Session 4

- When there are multiple experiences of trauma (in the majority of cases), patients write about the “worst” experience, particularly the one that is related to intrusive symptoms.

Session 5.

- **Clients** read the second account, and the therapy transitions to cognitive challenging.
- **Sessions 5, 6, and 7** teach patients to use worksheets in their day-to-day lives to challenge and modify maladaptive thoughts and beliefs related to their traumatic experiences.

Sessions 6 and 7

- teach patients to use worksheets in their day-to-day lives to challenge and modify maladaptive thoughts and beliefs related to their traumatic experiences.

Final Five Session

- In the final five sessions, overgeneralized beliefs in five areas (i.e., safety, trust, power/control, esteem, intimacy) are challenged as they relate to self and other.
- Treatment gains are consolidated in the final session.

Self Care

- Vicarious Traumatization
- Occurs among those who work specifically with trauma survivors
- Rooted in empathic response

- L.A. Pearlman and L. McKay (2008)

Common Signs Difficulties

- Managing emotions and relationships
- Difficulty accepting or feeling okay about yourself;
- Difficulty making good decisions;
- Boundaries between yourself and others
- difficulty leaving work at the end of the day
- Physical ailments
- Difficulty feeling connected to what's going on around and within you

Coping With Vicarious Trauma

- Escape
- Rest
- Play

Good Endings

- Questions?
 - gnewsome@nccu.edu
 - *Counseling Military Families: What counselors need to know by Lynn Hall*
 - NCPTSD : PTSD 101

