NEWSLETTER
OPERATION REDWHITEBLUE
November 2022 Volume 2

From The Editor

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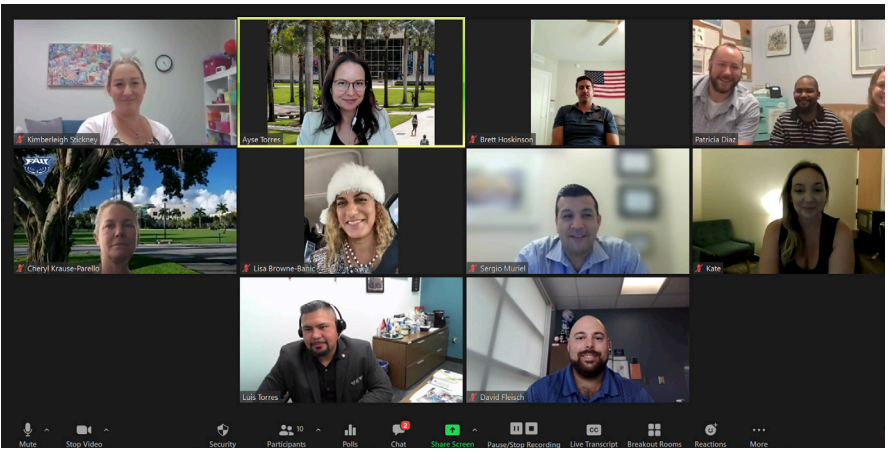
Community engagement is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people (Centers for Disease Control and Prevention [CDC], 1997). The goals of community engagement are to build trust, enlist new resources and allies, create better communication, and improve overall health outcomes, as successful projects evolve into lasting collaborations.

Military culture differs from the larger society in the United States. It has its own values, customs, ethos, selfless duties, codes of conduct, and implicit patterns of communication (Burke, 2004). This distinct culture allows service personnel to cope with the isolation, ambiguity, danger, powerlessness, boredom, and intense workload characterizing military operations (Bartone, 2006). For many, separating from the military can result in an "identity crisis" (Higate et al., 2003, p. 102), or a culture shock where individuals who were not able to re-socialize appear to equate their discharge with being powerless (Higate et al., 2003). Neither the complex military culture nor the difficulty of this reintegration process is well understood by civilians (Angel et al., 2018). Therefore, engaging veterans, listening to their lived experiences, and determining priorities, are crucial steps for research. Veteran engagement in the planning, implementation, and dissemination of research can increase the credibility and relevance of research results and lead to higher quality, more veteran-centered, evidence-based services and interventions.

Our community engagement project, "Operation Red-White-Blue: Building Patient Centered Outcome Research Competencies of Veterans and Mental Health Providers," funded by the Patient-Centered Outcomes Research Institute (PCORI), empowers the veteran and civilian mental health counselor communities to build capacity and bring them together to learn, support, and share ideas with one another.



Operation Red-White-Blue team virtual meeting.

This is the second volume of our *Operation Red-White-Blue Newsletter*. Our project team covered the most prominent topics that repeatedly came up during our team meetings and veteran community forums, including the difficulty veterans have in trusting civilians and its impact on veterans' access to mental health services. We also discussed the additional stressors female veterans face in the process of their community reintegration. In the first volume of our newsletter, we provided critical tips for mental health counselors who work with veterans. We received a high volume of positive feedback, so in this volume, we have provided part two: cultural competence with military and veteran clients. ▪

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For more information about this project, please visit the PCORI Operation Red-White-Blue website.←

National Networking

Left to Right: Kimberleigh Stickney, Kathryn Silverman, Cheryl Krause-Parello

Three members of our Operation Red-White-Blue (O-RWB) team participated in the ***2nd Annual Partnerships for Veteran and Military Health: Strengthening the Networks Conference*** held in Denver Colorado on April 21 – 24, 2022. This conference provided the O-RWB team with the opportunity to share information as well as gather more community partners on a national level. ▪

Cheryl A. Krause-Parello, PhD, RN, FAAN

Dr. Cheryl Krause-Parello, O-RWB project Co-Lead, presented at the **5th Veterans in Society Conference** on October 21, 2022 at Arizona State University. This presentation was titled "Psychological resilience within the context of veteran mental health." This topic is important for many reasons; it empowers veterans to develop protective factors for stressful circumstances and can also protect veterans from exacerbating mental health symptoms. Veterans reintegrating into civilian life often struggle with suicidal ideation, post-traumatic stress disorder, depression, and anxiety. For many, it is difficult to reach out for psychological help due to the stigma associated with it, thereby leaving many untreated. Less than optimal mental health can be detrimental to the well-being of veterans, families, and society. ▪

Cultural Competence with Military and Veteran Clients: Part Two

By: Patricia Diaz, Ph.D., LMHC, QS, NCC
Bellevue University, O-RWB Team Member

In the last *Operation Red-White-Blue Newsletter*, I wrote about the importance of cultural competency when working with military and veteran clients and provided some tips to improve cultural competence. In that article, I discussed the fact that military clients have a set of experiences and group norms that bind them together into a clear cultural group deserving of careful consideration, and at times, clinical adaptations in therapy. Since that piece was written, I have had several moments in which a new "tip" for working with military and veteran clients has popped into my mind, and I have lamented not including it in the last article. However, it occurred to me that there was no need to lament, because I could always write a "Part Two" in this newsletter. So, here is my attempt at "Cultural Competence with Military and Veteran Clients: Part Two." I have decided to "pick up where I left off," so this article commences with Tip #5.

Tip #5
Advocate for Military and Veteran Clients

When working with military and veteran clients, it is critical that we serve in the role as advocate as well as counselor, when indicated. While it is embedded into our identities as counselors that we advocate for all clients when the need arises, this need may be more prominent with military clients. For example, we may need to go the "extra mile" and provide resources for veteran clients to connect to other veterans, such as the Wounded Warrior Project or Grey Team. This may also mean communicating with other providers (with appropriate releases of information, of course) such as the U.S. Department of Veterans Affairs (VA). At times, you may provide some documentation for your client to give to their direct command or communicate with military behavioral health personnel (with appropriate consent). Advocacy may be necessary for some military clients and play less of a primary role in other military clients' cases. Regardless, we should ask ourselves the following question early in the counseling relationship: "Does this client have advocacy needs related to their military service?" We are wise to view advocacy as an opportunity to serve those who have served.

Tip #6
Guide Clients in Finding a New Purpose

In my experience, a common challenge that veteran clients face is finding meaning and purpose in civilian life. For so long, these clients have found purpose in the military, in their missions, and serving with others. Upon transition to civilian life, I have had many veteran clients share with me that they feel a lack of purpose and that what they do day-to-day is not important. As counselors, it is our role to serve as a guide as clients explore new ways to find purpose and meaning outside of the military. For example, a client may connect to other veterans through veteran organizations and find meaning in this way. A ser-

vice member may also find a new "why" in endeavors totally unrelated to the military, such as dedicating time to animal rights organizations or volunteering with homeless populations. How and where new purpose is found is totally dependent on the individual client, but we can support them in this goal and their process of exploration.

Tip #7
Assess for Suicide Risk

Military clients may be at increased risk for depression and suicidal ideation, and it is essential that clinicians actively screen for these symptoms regularly. This increased risk can occur for a myriad of reasons, but military trauma and depression associated with transition to civilian life often undergird substance use and suicidality in military clients. At times, substance use can complicate a client's presentation and increase suicide risk. Formal suicide risk assessments are often a useful tool in working with this population, and regular monitoring of suicidal ideation and intent is often indicated. However, due to stigma related to mental health issues in military populations, it is key to use normalizing language when assessing suicidal ideation in military clients. For example, stating, "Many veteran clients share that they have some thoughts of suicide or death; do you have these thoughts at times?" is often a better phrasing than simply asking, "Have you ever thought about suicide?"

Tip #8
Don't Make Assumptions About Disability Status

Never assume non-disabled status. Really, this is true when working with any client, but is especially relevant to military clients and veterans. Many veterans have visible, combat-related disabilities. However, many have disabilities that are less obvious. For example, a client may have a mild or moderate traumatic brain injury sustained in combat, and this may not be evident in oral communication. Yet, impacts may be more obvious when giving clinical homework or in signs of memory problems. Remember, not all disabilities and illnesses are visible, and not all are sustained in combat. Make sure to assess for disability, medical problems, and injury related to military service. It is essential to understand clients' health and disability status, as injury and disability can have a significant impact on mental health. As counselors, we must conduct a comprehensive assessment, and this must involve an understanding of both physical and psychological factors which contribute to psychological symptoms. ▪

Women Veterans and Community Reintegration

By: Lisa "BB" Browne-Banic, M.Ed., U.S. Army Veteran & Ayse Torres, PhD, CRC, LMHC

Veterans experience various challenges and changes when they transition out of the military and back into civilian life. Leaving the military's long legacy of a rigid hierarchical infrastructure, which is unrivaled in any other field, often leads to culture shock. In the empirical literature, limited research exists that focuses on the women veterans' reintegration experiences.

Women veterans face unique and additional challenges in their educational and work transitions. These challenges include greater childcare responsibilities, more health concerns, and greater sexual trauma issues. In addition, women veterans struggle with unemployment at a greater rate than their civilian counterparts. The few studies addressing women veterans' community reintegration highlight that adapting to female-specific expectations in civilian life creates additional stress. An important, yet often invisible, sub-group of women veterans are single mothers with single parenthood, potentially facing divorce/child custody battles, and lack of support for military children. There is limited research in the veteran literature on the wisdom found in the lived experiences of veterans who became single mothers during or after their military service.

Researchers have found that the success of women veterans' community reintegration is dependent on self-concept, social support, coping strategies, and access to and involvement in the U.S. Department of Veterans Affairs (VA) or civilian-based programs prepared to address female-specific veteran needs (Demers, 2013). Based on the Wounded Warrior Project report (2021), it is indicated that the transition process for women veterans can be improved by developing and implementing appropriate changes to local provision of employment and supportive services. These changes include mentoring and networking, peer support, better access to resources, and affordable childcare. ▪

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Finding Purpose Helping Other Veterans: Clinical Rehabilitation Counseling

By: Rosa Clarke, M.Ed., CRC
Vocational Rehabilitation Counselor
Veteran

Leaving the Marine Corps after 35 years of service has not been a smooth transition. After serving for most of my adult life, I was unsure of what I would do next. My sense of service and of being part of a greater good were ingrained in me. I knew that whatever I did next would have to be something with purpose. When I came across Florida Atlantic University's (FAU's) M.Ed. in Counselor Education - Clinical Rehabilitation Counseling program, I knew I had found what I was looking for. The program offered an opportunity to become a counselor and help people with disabilities. Having seen the effects of the last 20 years of war on those who serve, I wanted to find a job that would give me the opportunity to help.

Now, I work as a Vocational Rehabilitation Counselor in a public rehabilitation counseling setting. This role has given me the opportunity to serve a valuable community. I see this occupation as more than helping others find a job; I see it as helping others find their purpose. Every person, regardless of gender, race, religion, or socioeconomic status, deserves an opportunity for self-determination. A person with disabilities may need a little assistance to develop self-determination, and a Vocational Rehabilitation Counselor can be the one to help achieve that goal. Vocational Rehabilitation provides people with disabilities an opportunity to fully integrate into the workforce, and the Vocational Rehabilitation Counselor is the guide that walks them through the process. ▪

Left to Right: Kallay Cutler, Thandika Thompson

FAU - Clinical Rehabilitation Counseling Program

Florida Atlantic University's Clinical Rehabilitation Counseling Program provides funds for twelve rehabilitation counseling students each year for their master's level training-related expenses. This grant is funded by the Rehabilitation Services Administration. The goal is to increase the quality of public vocational rehabilitation services through counselor training. Several program alumni have obtained employment in various counseling and leadership roles with several different public rehabilitation agencies such as FL Division of Vocational Rehabilitation, Veterans Affairs, Service Source, and FL Division of Blind Services. ▪

For more information, please visit ←
https://www.fau.edu/education/academicdepartments/ce/rehab/

Thoughts of a Veteran Therapist

By: Kimberleigh Stickney, M.Ed., LMHC, NCC, CCTP
Veteran

Over the years, I have worked with veterans in many contexts. I have treated substance use issues and have offered mental health services in different settings, both in-patient and out-patient. One aspect that remains consistent across settings are stereotypes—even within the veteran culture. Many of my veteran clients comment on how much easier it is to open up to another veteran. As a veteran and a clinician working with veteran clients, I have found that our shared background *does* establish an instant rapport. We are able to avoid the "get-to-know-you" stage and jump right into talking. However, this does not mean that my veteran clients want to let down their guard completely and share *all* of their most troubling or traumatic moments with me. I still have to build trust and rapport the same way any other therapist would.

Most of my veteran clients are combat veterans and retirees. They usually talk to me about what is most challenging about being in the military, such as separation from family and difficult duty stations. There is a lot of comorbid substance use, anxiety, depression, and post-traumatic stress disorder (PTSD). Many of them tell me that their depression and anxiety began as they were transitioning out of the military. Veteran suicide is often a topic that comes up at least once, with many of my clients reporting losing over 30 "battle buddies" to suicide. Most admit that they themselves have contemplated suicide at one point or another. My retiree veterans are typically lonely more than anything else. They have sacrificed the majority of their lives to their careers and are often left divorced and alone at the end. They love and hate the military at the same time. They usually have plenty of time to think about all of the times they put their careers first and neglected their families. One veteran reported that on a Father's Day after he retired, he realized that it was the first one he had spent with his family.

As a veteran myself, I can admit, it is hard to share weakness, and many veterans struggle to open up to others with respect to how they are feeling or what they are going through. I feel that we, veterans, don't know how to open up. When so much of the training in the military is focused on being tough and sticking it through, it leaves little room for emotions or weakness. As a clinician, I have found that when I show my own vulnerability, it often enables my veteran clients to share their own. This approach takes some tact and intuition; it cannot be done insincerely. For example, I once had a veteran client who is now a police officer. He told me that he doesn't like talking about his trauma with civilians because he feels like a curiosity in a freakshow. To overcome his apprehension, I shared my own experience with a similar occurrence to segue into a deeper topic.

Familiarity with military culture is definitely helpful for civilian mental health counselors. Additionally, in my opinion, being open about yourself—who you are and what you have been through—can be a key to building strong rapport instead of keeping a wall of anonymity between you and your client. ▪