

MILITARY CULTURE 101

Not One Culture, but Many Cultures



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Purpose of this Workshop

- This workshop was designed to help students, faculty, and administrators understand the uniqueness of military culture to help inform decisions on how best to leverage it in the classroom, on campus and in the community to enrich everyone's educational experience.

Workshop Objectives

- At the end of this workshop the participant will be able to;
 - Understand the uniqueness of military culture in society
 - Develop tactics to build rapport with the military community to help serve his/her veteran faculty and students
 - Dispel myths about military service and deployment related health issues

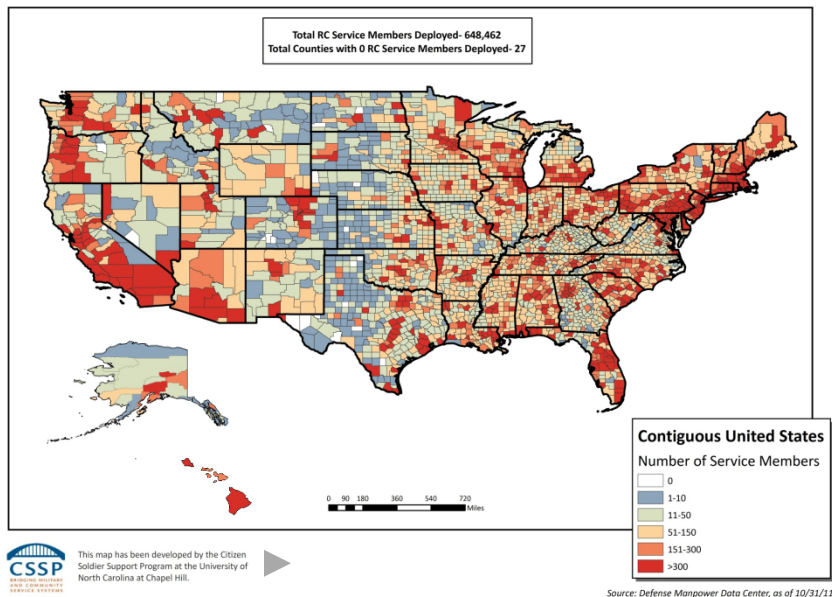
Target Audience: Students, faculty and school administrators looking to better understand military culture.

Defining the Problem

<http://www.youtube.com/watch?v=6VmUulPab4M>

- Roughly 2.3 million Service members have deployed to fight in Iraq and Afghanistan since 2001.
- Nearly 99% of US counties have deployed a Reserve Component member in support of Operation Iraqi Freedom, Operation Enduring Freedom, and Operation New Dawn.
- Nearly 40% of the OEF/OIF/OND veterans are diagnosed with a behavioral health issue when they return from deployment
- Only 50% of returning veterans register with the U.S. Department of Veterans Affairs.
- 18 service members commit suicide everyday, surpassing the number killed on the battlefield
- 90% of service members drop out of school...the majority for reasons other than financial
- Deployments significantly impact immediate and extended families who are often ineligible for benefits or without access to services

Number of RC Service Members Deployed to OIF/OEF since 9/11/2001 by Home of Record County

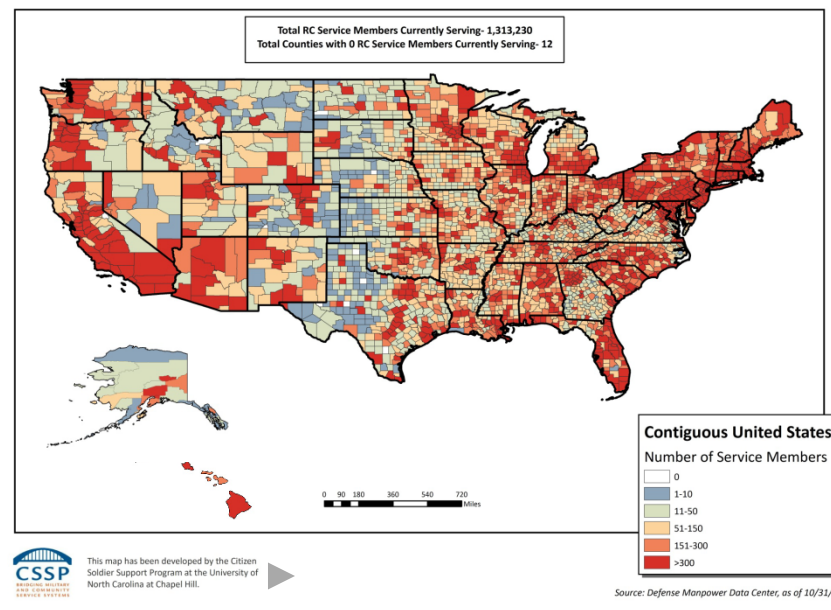


Understanding Where They Are

- Mapping as a means to inform the rest of our system
- Start with where everyone lives to determine where demands will be placed upon the system

- Roughly 1.3M RC members currently serving from all but 12 US Counties
- Roughly 650K RC Members deployed in support of OEF/OIF/OND a total of nearly 1.1M times from all but 27 US Counties
- How many are in your community?

Number of RC Service Members Currently Serving by Home of Record County



Defining the uniqueness of military culture

- The military is unlike any other career and the demands of military life create a unique set of pressures on servicemembers and their families.
- For most people, their job is what they do; in the military it more deeply defines who they are.
- For families, military life offers a sense of community with clearly defined rules and expectations.

Defining the uniqueness of military culture

- Members of the military and their families share a unique bond, professional ethic, ethos, and value system.
- The military offers a sense of community and camaraderie unlike any other profession.
- But it also fosters a warrior ethos that rewards physical and emotional prowess and frowns upon weakness and timidity.

Defining the uniqueness of military culture

- It is said that the military defends the Constitution it does not emulate it. There are strict rules limiting freedom of speech and association.
- To maintain “good order and discipline” commanders at all levels are given widespread authority over the personal affairs of their subordinates and held personally responsible to resolve any issues that could potentially affect performance of duty.
- For example, your command may be notified if you get drunk, bounce a check, fight with your spouse, if your kids go hungry, dirty, misbehave in school or get in trouble with the law.

Defining the uniqueness of military culture

- You need permission to leave the area, even on the weekend and holidays.
- You are subject to performing your duty at any time.
- You are told what to wear, where to live and who among your fellow servicemembers you can and cannot socialize. It wasn't that long ago that you needed your commander's approval to get married.
- You are told what you can and cannot put into your body and have restrictions on seeing a counselor, having a medical procedure or taking medications.

Defining the uniqueness of military culture

- Military families endure many of the same restrictions and their actions reflect directly upon their servicemember. This burden increases with the pressures of maintaining the family household during extended military deployments that are becoming the norm for both active duty and Reserve Component (National Guard and Reserve) members.
- Over the last few decades the definition of a military family has also evolved as more servicemembers are single parents relying on siblings and parents to care for their dependent children. Many are in committed relationships outside of marriage, are separated, or divorced. Families in the Reserve Component often do not have access to the facilities and services offered on military installations.

Defining the uniqueness of military culture

- Warfare is inherently violent and traumatic. Those that experience it often remark that it truly cannot be understood by those who have never experienced it themselves.
- For those who experience it, war has an impact on the psyche. For some the consequences are acute and pass quickly. For others the passage of time is needed to recover from the trauma they have experienced. For some the changes in their mental health are profound and last a lifetime. We know that the incidence of PTSD rise precipitously with the number of deployments, number of months deployed and dwell time between deployments.

Overview: Today's Military



- Seven uniformed services
- About 3 million total service members
- 1.5 million active/1.5 million in Reserve Components
- Commander in Chief, President Barack Obama
- Led by the Secretary of the Defense, The Honorable Leon Panetta
- Mission: provide military forces needed to deter war and protect the security of the country.
- www.defense.gov or www.defenselink.mil

ARMY



Mission: fight and win our nation's wars with sustained land dominance across full-range of military operations

- Active (540K): 49% of the total Army strength – primarily combat and combat support units
- Army Guard (360K): 33% total Army strength – combat and combat support units
- Army Reserve (197K): 18% of total Army strength – primarily combat support and combat service support units
- www.army.mil

NAVY



Mission: Power projection, strategic deliverance and tactical delivery of combat power

- Active (330K): 75% of the total Naval strength
- Reserve (109K): 25% of the total Naval strength
- Called upon to perform some untraditional naval roles in Iraq and Afghanistan
- www.navy.mil

AIR FORCE



Mission: to provide strategic air lift and tactical air combat support

- Active (329K): 65% of the Air Force's total strength
- Air National Guard (107.5K): 21% of total AF strength
 - Manages 60% of the operational air lift
- Air Force Reserve (71K): 14% of total AF strength
- www.af.mil

MARINES



Mission: Rapid deployment force; seizure of or defense of advanced naval bases for land operations

- Active (177K): 82% of total USMC strength
- Reserve (39K): 18% of total USM strength
- Shorter, but more frequent tours
- www.marines.mil

U.S. COAST GUARD



Mission: Safeguarded our Nation's maritime interests in the heartland, in the ports, at sea, and around the globe; protect the maritime economy and the environment; defend our maritime borders, and save those in peril.

- Active: 42K
- Operates under the Dept. of Homeland Security
- Can be transferred to the Navy during war

OTHER



U.S. Public Health Service Commissioned Corps (6K)


Mission: Protect, promote, and advance the health and safety of our Nation.

- Rapid and effective response to public health needs
- Leadership and excellence in public health practices
- Advancement of public health science

National Oceanic and Atmospheric Administration Commissioned Corps (300)

Mission: Provide officers technically competent to assume positions of leadership and command in the National Oceanic and Atmospheric Administration (NOAA) and Department of Commerce (DOC) programs and in the Armed Forces during times of war or national emergency.

Special Operations Forces (SOF) Units Built for Specific Purposes

- Special Forces “Green Berets” - Combat Multipliers: UW, train foreign groups, recon
 - Rangers – Direct Action
 - SEALs – Sea, Air, Land operators
 - 82nd ABN Division – “Rapid Reaction Force” – 18 hours anywhere in the world
 - Many others....
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- A background image showing the silhouettes of several soldiers in a field at sunset. The soldiers are wearing helmets and carrying equipment, standing in a line. The sun is low on the horizon, creating a bright glow behind them.

Recent and Current Military Operations

- Noble Eagle
- Garden Plot
- Operation Enduring Freedom (OEF) (Afghanistan)
- Operation Iraqi Freedom (OIF)/New Dawn (OND)
- Other major operations around the world
 - Korea
 - Europe
 - Horn of Africa
 - Philippines
 - Central and South America
 - Homeland Defense

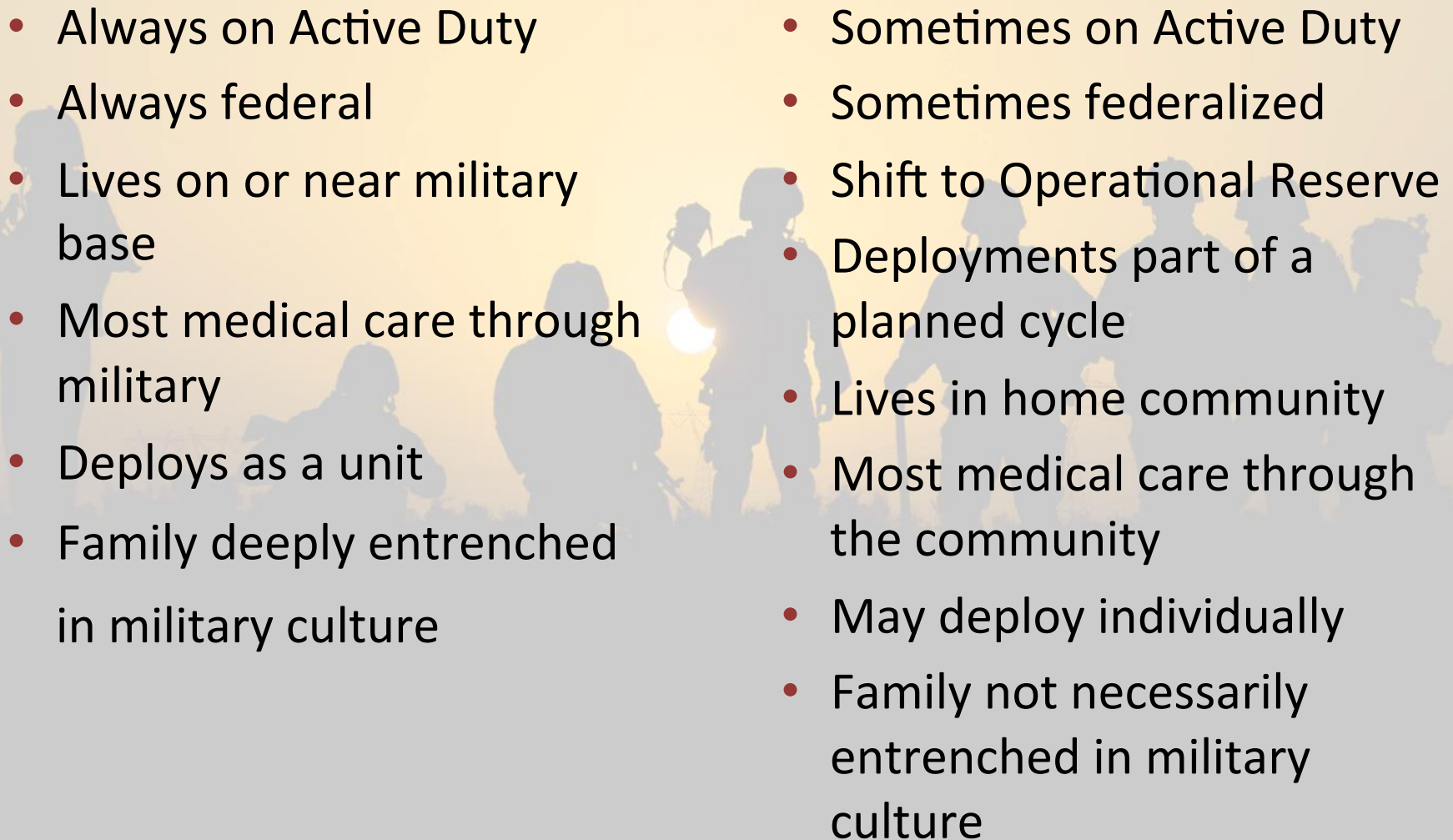
The Reserve Component Defined

- Each Armed Service has a Reserve
- The National Guard is a state agency unless it is federalized
 - Army Guard (@350,000)*
 - Air Guard (@105,000)*
- Taken together, the Reserve and Guard comprise the Reserve Component

* Congressional Research Service/Library of Congress. National Guard Personnel and Deployments: Fact Sheet. Order Code RS22451. Updated January 17, 2008.

Active vs. Reserve Components

(Just a Few of the Differences)

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- The background of the slide features a silhouette of several soldiers in a field at sunset. The soldiers are wearing helmets and carrying gear, with one soldier in the center holding a rifle. The sun is low on the horizon, creating a bright glow behind the figures. The overall scene is a military training or deployment site.
- Always on Active Duty
 - Always federal
 - Lives on or near military base
 - Most medical care through military
 - Deploys as a unit
 - Family deeply entrenched in military culture
 - Sometimes on Active Duty
 - Sometimes federalized
 - Shift to Operational Reserve
 - Deployments part of a planned cycle
 - Lives in home community
 - Most medical care through the community
 - May deploy individually
 - Family not necessarily entrenched in military culture

A Few Other Key Comparisons

- Both have significant rates of deployment
- Increasingly similar training and missions
- Smaller force yet similar numbers of RC OEF/OIF Veterans coming to VA (47%)
- Rate of suicide among Active Duty Component is leveling off but continues to climb among Reserve Component
- Reserve Component (including family members) has less access to health services or community support

What is “Military Culture”?

- How does a goldfish describe what “wet” is?
- Much like any other diverse population
- Unique set of value systems
- Own set of rules and norms, very rigid
- Not ONE culture, but many cultures
- Different services/ different cultures...Army vs. Navy vs. Air Force
- Different units/ different cultures
 - Big Army vs. Special Operations (SOF)
- Own language/Alphabet
- Organized hierarchy/rank structure (caste system)
- Very close-knit community, stigma, everyone knows each other’s business/history
- “I’m prior service” – does that count?
 - Culture evolves, sometimes rapidly i.e. Navy Reserves in Afghanistan
- NEVER assume you know; ASK

Veteran Character Traits

- Older than you might think
- Broad variety of life experiences
- Hard-charging
- Independent
- Physically fit
- Largely drug-free
- Usually talkative
- Self-deprecating
- Good humored
- Proud to serve



Roles and Missions

- Everybody has a job: “MOS”
- Military Occupational Specialty determined by:
 - Armed Services Vocational Aptitude Battery (ASVAB)/ General Technical (GT) Scores
 - Education and work experiences
 - “Needs of the Army, Navy, Air Force.....”
- Mission – what’s this?
 - Objective – desired end state from the Commander
 - TTPs – techniques, tactics, and procedures
 - Infil, on the objective, exfil
 - AAR – After Action Report

Manning the Force - Rank Structure

- One of the last remaining caste systems (Officer and Enlisted)
- Hierarchical with steady mobility...always preparing to do your next job
- Personnel system is not dynamic...manning changes take a long time to be realized
- All performance is evaluated and all members are developed, counseled and mentored throughout
- Sponsorship Programs
- Family Support Programs

Manning the Force - Rank Structure

- Rank Structure trumps everything!
- Officer vs. NCO roles
 - Officers: plan, lead, organize
 - NCOs: implement, lead, train
 - Enlisted: execute assigned tasks
- Interaction between Officers and NCOs
- Unit Structure (Army example)

■ Squad 8-16	Platoon 16-44
■ Company 60 – 200	Battalion 300 – 1000
■ Regiment 1000 – 2000	Brigade 1500 – 10,000
■ Division 10,000 – 20,000	

Manning the Force – The Culture of Military Rank

- Rank has its Privileges – housing, transportation
- When Commander says “I want” or “I desire” this means “I order you to do...”
- Always use ‘Sir’ or ‘Ma’am’ when addressing a superior ranking officer
- All relationships other than business between officers & enlisted is fraternization
- Leaders are responsible for every aspect of their subordinates professional and personal life
- The Service Member (SM) is responsible for the family’s actions/ behavior

OFFICERS

	O-1	O-2	O-3	O-4	O-5	O-6	O-7	O-8	O-9	O-10	SPECIAL
ARMY											
NAVY											
AIR FORCE											
MARINE CORPS											
COAST GUARD											

WARRANT OFFICERS

	ARMY	MARINE CORPS	NAVY	COAST GUARD	
W-1					W-2
W-2					W-3
W-3					W-4
W-4					W-5
W-5					

ENLISTED

	ARMY	NAVY	AIR FORCE	MARINE CORPS	COAST GUARD
E-1	Private	Private	Private	Private	Private
E-2	Private First Class	Private First Class	Private First Class	Private First Class	Private First Class
E-3	Private Second Class	Private Second Class	Private Second Class	Private Second Class	Private Second Class
E-4	Private Third Class Private Fourth Class	Private Third Class	Private Third Class	Private Third Class	Private Third Class
E-5	Private Fifth Class	Private Fifth Class	Private Fifth Class	Private Fifth Class	Private Fifth Class
E-6	Private Sixth Class	Private Sixth Class	Private Sixth Class	Private Sixth Class	Private Sixth Class
E-7	Private Seventh Class	Private Seventh Class	Private Seventh Class	Private Seventh Class	Private Seventh Class
E-8	Private Eighth Class Private Ninth Class	Private Eighth Class	Private Eighth Class Private Ninth Class	Private Eighth Class Private Ninth Class	Private Eighth Class
E-9	Private Tenth Class Private Eleventh Class	Private Tenth Class Private Eleventh Class	Private Tenth Class Private Eleventh Class	Private Tenth Class Private Eleventh Class	Private Tenth Class
SPECIAL	Special Grade	Special Grade	Special Grade	Special Grade	Special Grade

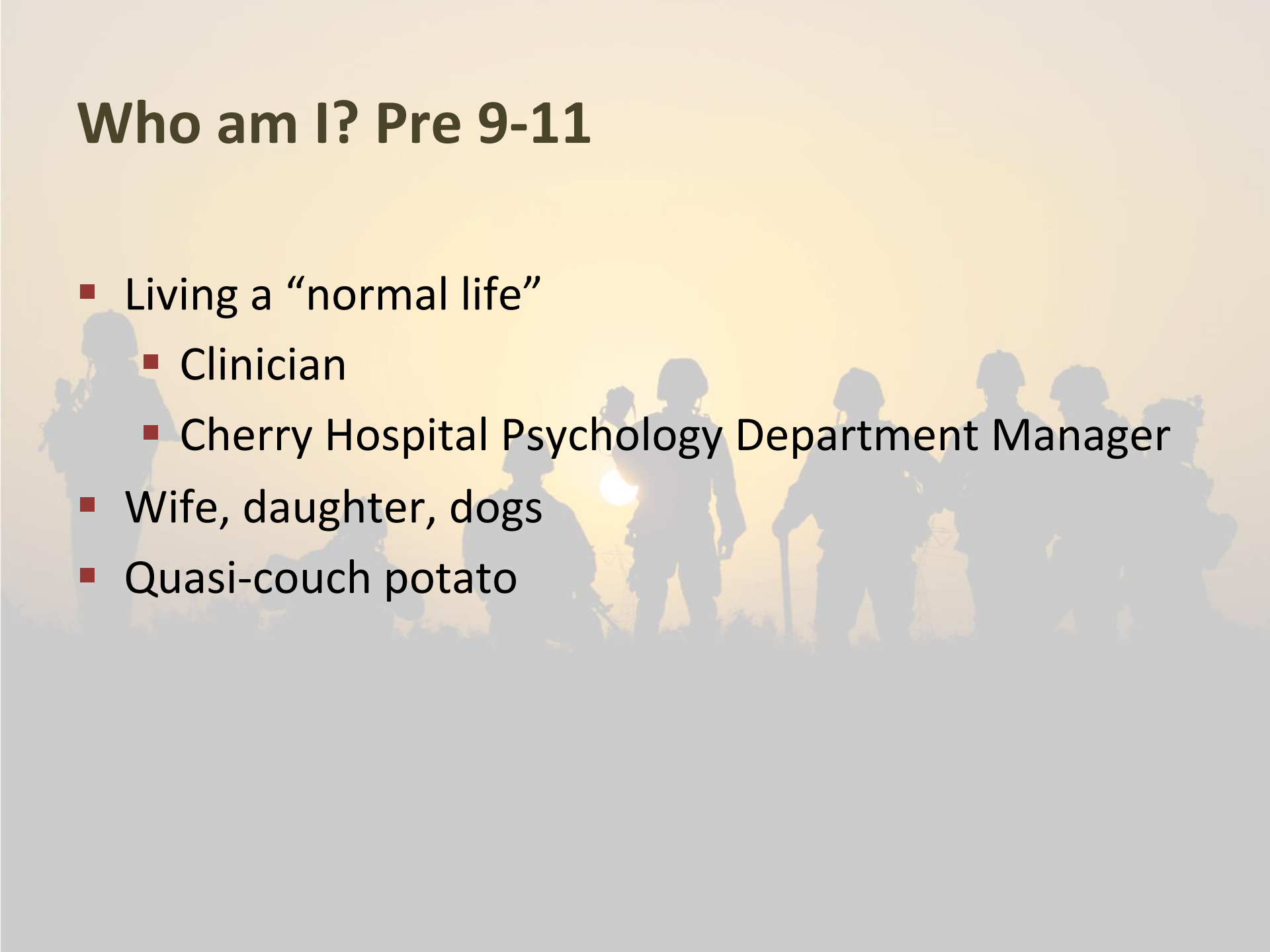
Military Culture - Jargon

- “Downrange” – heading to Iraq, Afghanistan or some other forward deployed location.
- “Outside the Wire” – leaving the security of bases
- “FOB/COBs” – Forward/Contingency Operating Base.
- “In the Box” – Located in Iraq or Afghanistan
- “Overseas Contingency Operations” – replaces reference to the Global War on Terror.
- “Old man, CO & Top” – “affectionate” nicknames for the commanding officer and senior NCO in a unit.

Acronyms

- ACU–ArmyCombatUniform
- AGR – Active Guard & Reserve
- BCT – Brigade Combat Team
- AWOL–AbsentWithoutLeave
- FRG – Family Readiness Group
- FTX – Field Training Exercise
- GO – General Officer
- HQ--Headquarters
- IRR – Individual Ready Reserve
- ACRONYMS QUIZ
- MOS–MilitaryOccupationalSpecialty
- MRE – Meals Ready to Eat
- NCO–NoncommissionedOfficer
- OIC – Officer in Charge
- PAO – Public Affairs Officer
- PT–
PhysicalTraining,ArmyPhysicalFitnessTr
aining
- PX–PostExchange
- ROTC – Reserve Officer Training Corps
- SOP–StandardOperatingProcedure
- TDY–TemporaryDuty

Who am I? Pre 9-11

- Living a “normal life”
 - Clinician
 - Cherry Hospital Psychology Department Manager
 - Wife, daughter, dogs
 - Quasi-couch potato
- 
- The background of the slide features a silhouette of a fire crew at sunset. The sun is a bright, glowing orb in the center, casting a warm, golden light across the scene. Several firefighters in full gear, including helmets and jackets, are visible in silhouette against the bright sky. They appear to be standing in a line or a group, possibly preparing for an emergency or reflecting on their work. The overall mood is contemplative and somber, fitting the 'Pre 9-11' theme of the slide.

9-11: “The Day my Life Changed”

- Response to Ground Zero
- “I’m not in Florida anymore”
- Dinner at home on Sunday night




Post 9-11 “Wearing the Club Haircut”

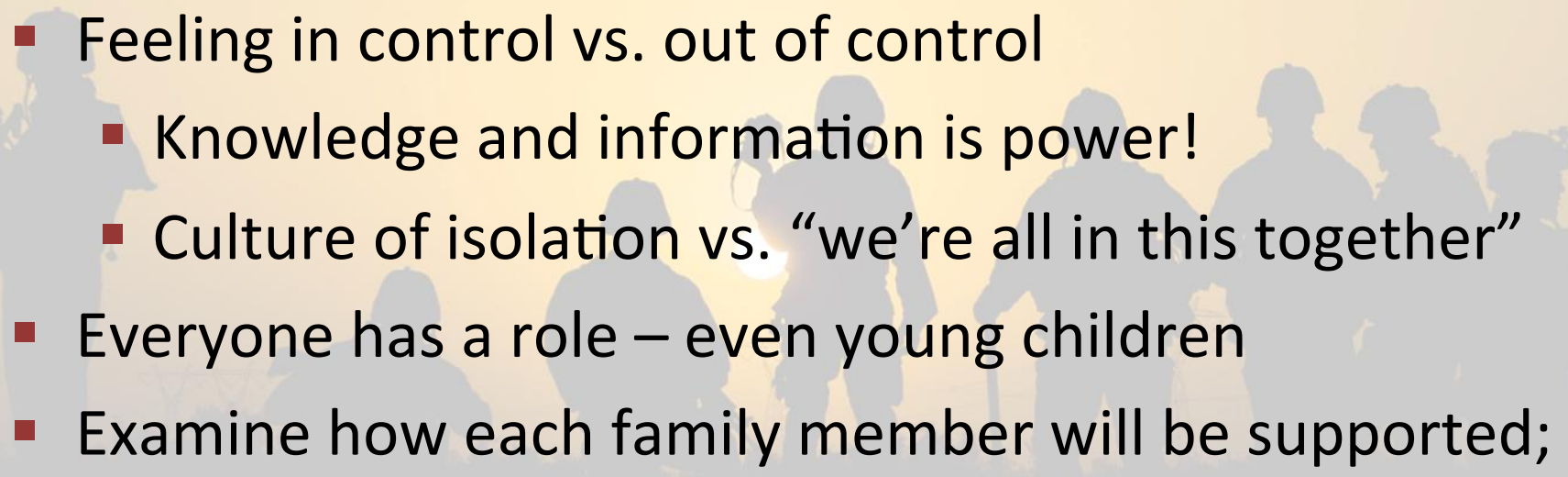
- Mobilization – changes in me AND the family
- Working for JFK Special Warfare Center
- Dr. Moyer? MAJ Moyer?
 - Depends on what needs to be done and where
- Deployments/ “Going on a trip”



Web of Support for SMs and Families

- Chain of Command – especially 1SG
 - Family Readiness Groups (FRGs)
 - Chaplains
 - Judge Advocate General (JAG)
 - Attitude is most important “Semper Gumby”
 - Always be flexible
 - Pick your battles when possible
- 
- The background of the slide features a silhouette of a group of people, including soldiers in full combat gear and several individuals who appear to be family members, against a warm, golden sunset sky. The silhouettes are positioned behind the text, creating a layered effect.

Deployment - A Family Event

- Deployment is inevitable in today's military
 - Feeling in control vs. out of control
 - Knowledge and information is power!
 - Culture of isolation vs. "we're all in this together"
 - Everyone has a role – even young children
 - Examine how each family member will be supported; what do they need?
- 
- A background image showing the silhouettes of several people, likely military personnel and their families, standing in a line against a bright, hazy light source, possibly a sunrise or sunset. The figures are dark against the lighter background, creating a somber and reflective mood.

Deployment and Spouses/ Parents

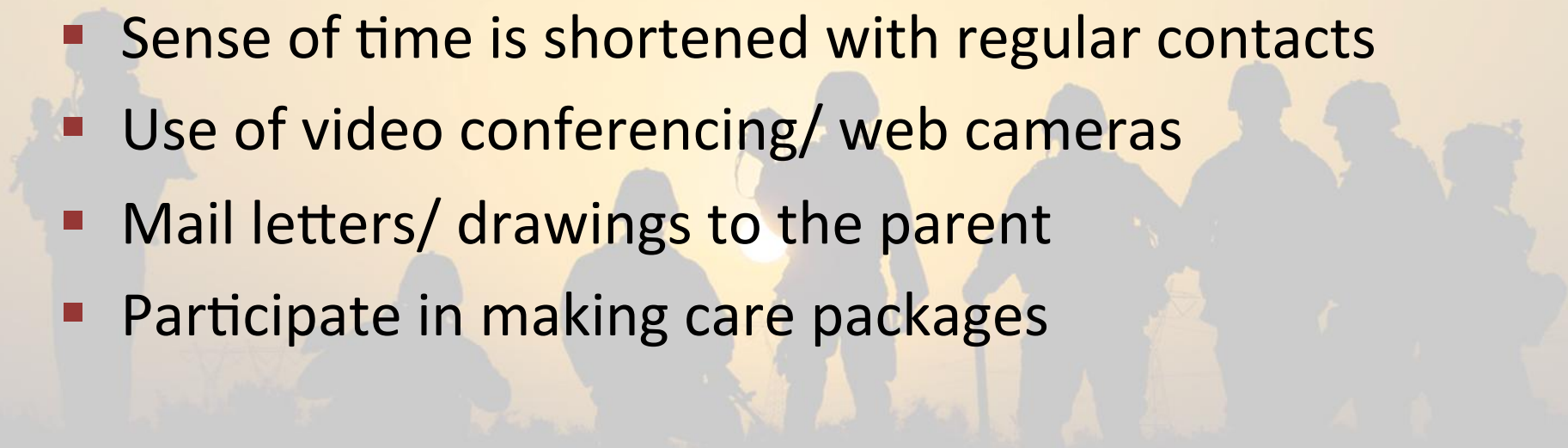
- Legal matters – wills, Power of Attorney
- Financial matters – paying the bills, where is everything?
- Everything breaks – fixing the commode, lawn mower, auto maintenance schedules, etc. etc.
- Engage the FRG, church, friends.
- Managing as both Mom AND Dad for the kids
- Self permission to let some jobs slide i.e. housecleaning, ironing
- Build in self care – childcare co-op regularly

Deployment for Teens

- Information = improved coping ability in teens
- Prepare teen ahead of time; they will “step up”
- Allow for venting feelings, asking questions
- Discuss any new responsibilities the teen will need to take on
- Parents to affirm how much they love them!
- How will the teen communicate with the deployed parent? Phone, e-mail
- How much TV news is “too much”?

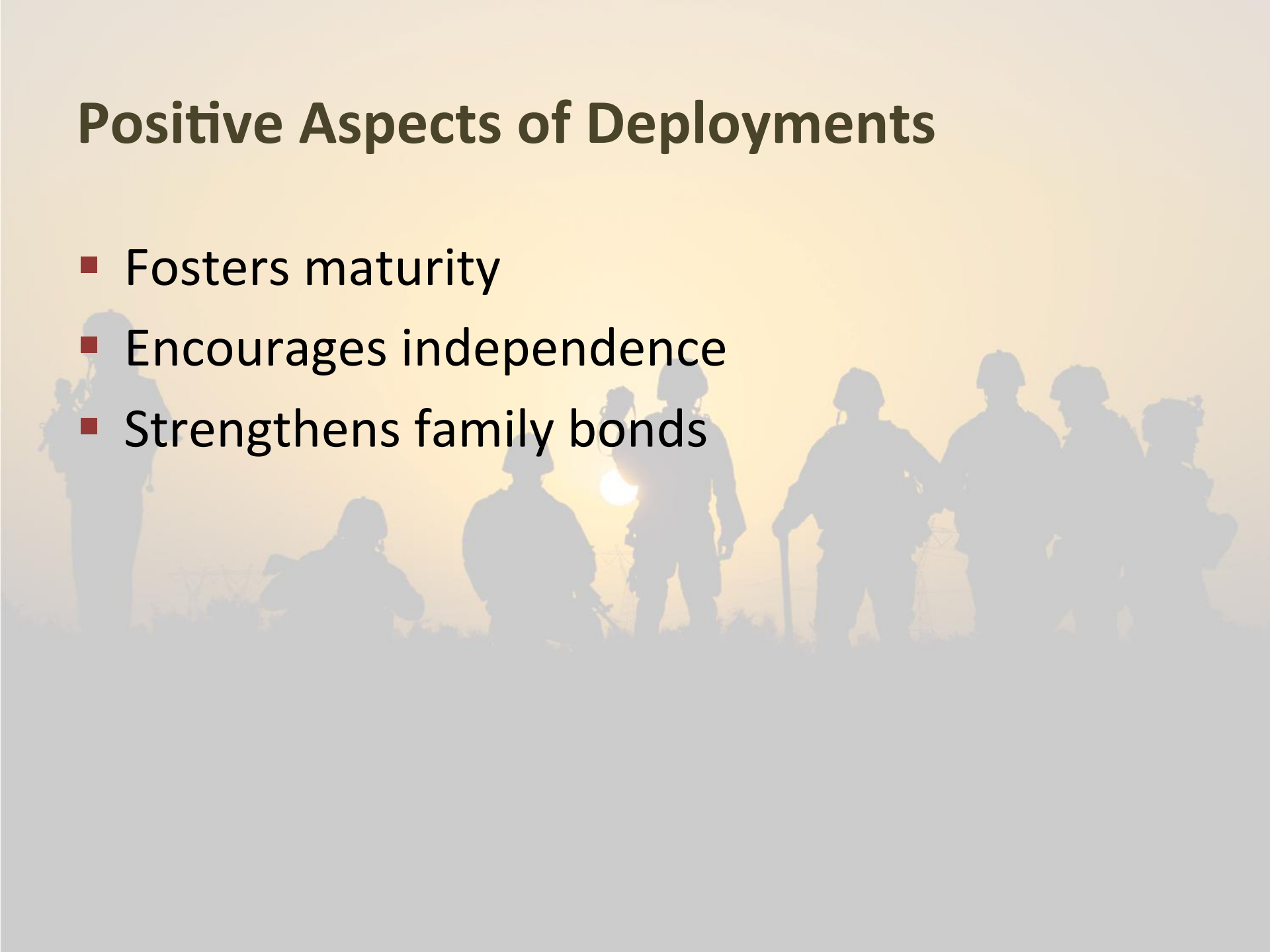
Deployment for Young Children

- Stability of routine is comforting
- Sense of time is shortened with regular contacts
- Use of video conferencing/ web cameras
- Mail letters/ drawings to the parent
- Participate in making care packages



Positive Aspects of Deployments

- Fosters maturity
- Encourages independence
- Strengthens family bonds



Redeployment - “Everything Changes Somehow”

- Families and SMs think life goes on “Pause”
- Reality: everybody makes changes; the trick is to reconnect again....
- Roles have changed – “where do I fit in again?”
 - SM feels “bypassed” – happened from necessity
 - Spouse may “dump” responsibility back on SM, or may want to keep it
 - Teens and children – “the rules have changed”
- It’s easy for misunderstandings to happen / feelings to be hurt

Redeployment Issues for the SM

- Operations Tempo – FAST
- Connection to “the team” vs. family
 - “You just don’t understand”
 - “That’s not how we did it over there”
- Survival skills downrange vs. at home
 - Hyperalertness
 - Role of aggression and social dominance
 - “Combat driving” to the grocery store
 - Carrying weapons to “feel safe”
- Alcohol, Sex, fast cars/ motorcycles

Reintegration Stages

- Anticipation/ Awkwardness
 - “When I get home I will...”
 - My “perfect” wife/husband/family....
- Honeymoon – let the party roll....
 - Block leave
 - Eat, Drink, have Sex (anxiety?), spend lots of MONEY
- Disillusionment – the sink’s still clogged, junior didn’t finish his homework, etc.
- Hard work – taking it slow and negotiation are keys!
Take care with child discipline.

A Strength at Work = A Problem at Home

- “Wearing my Rank” at home – Children and spouses are not “subordinates”
- “Chain of Command” doesn’t always apply at home
- “OpSec” is vital, but needs to be balanced with providing information when possible
 - Trust in a military marriage is essential
 - Don’t use OpSec as excuse not to communicate what you can tell your spouse
 - “What happens downrange stays downrange”??

OpSec and Boundaries con't

- “Why don’t you ask me about work anymore?”
- Marrying into the military life
 - Like being married to a therapist, just with guns 😊
 - Balance mutual boundaries – protect work from the family & family from the work
 - Spousal independence is a key to success
 - Seize the benefits available (education, travel, support)

There's Always a Move in your Future

- Job reassignments and moves to a new location “PCS” (Permanent Change of Station) occur regularly in the military
- PCS moves occur usually every 3 years, but can vary depending on “needs of the Army...”
- Military schools and classmates are very familiar with this and supportive
- Impacts on spouse's career/education
- “Geographic Bachelor” living is common
- Overseas accompanied tours (Korea, Germany)

Big Stressors: Multiple Deployments

- Virtually all SMs have experienced 1+ deployments, many up to 6-7 rotations
- Deployment lengths are 6-15 months
- “High Mileage” = wear and tear on everyone
- Pre 9-11 enlistees vs. Post 9-11 enlistees
- SMs “I don’t think I can do this anymore”
- Families:
 - “I didn’t marry you to send you care packages”
 - “Doc, I love my job, but I love my family more”
- Families grow and change (without me....)

Multiple Deployments con't

- Stay in or get out of the military?
 - “Stop Loss” program – You have no choice
 - Impact of the economy increases retention
 - Contractor work – back into the fire?? Money!
- Spousal satisfaction is a major influence in whether or not the SM stays in
- Signed up for the education benefits – “I did my time, I’m moving on” – a deal’s a deal
- “Not what I signed up for” i.e. Navy Reservist on the ground in Iraq

Military Divorce Rates

- Rates have increased across the services in the past 3 years, especially for female SMs
- Army: 3.5% up from 3.3%
 - Males (2008) : 2.9% Females (2008): 8.5%
- Marines: 3.7% up from 3.3%
 - Males (2008): 3.1% Females (2008): 9.2%
- Air Force: 3.5% stable for 2 years
 - Males (2008): 2.9% Females (2008): 6.6%
- Navy: 3.0% down from 3.4%
 - Males (2008): 2.5% Females (2008): 6.3%

Post Traumatic Stress Disorder (PTSD)

- Characterized by a constellation of symptoms that follow exposure to an extreme traumatic event which involves actual or threatened death or serious injury
- The response to the event must include intense fear, helplessness or horror and symptoms that persist more one month, including:
 - re-experiencing the traumatic event through intrusive recollections, dreams or nightmares
 - avoidance of trauma-associated stimuli, such as people, situations, or noises; and
 - persistent symptoms of increased arousal, which may include sleep disturbance, hypervigilance, irritability or an exaggerated startle response

Post Traumatic Stress Disorder (PTSD)

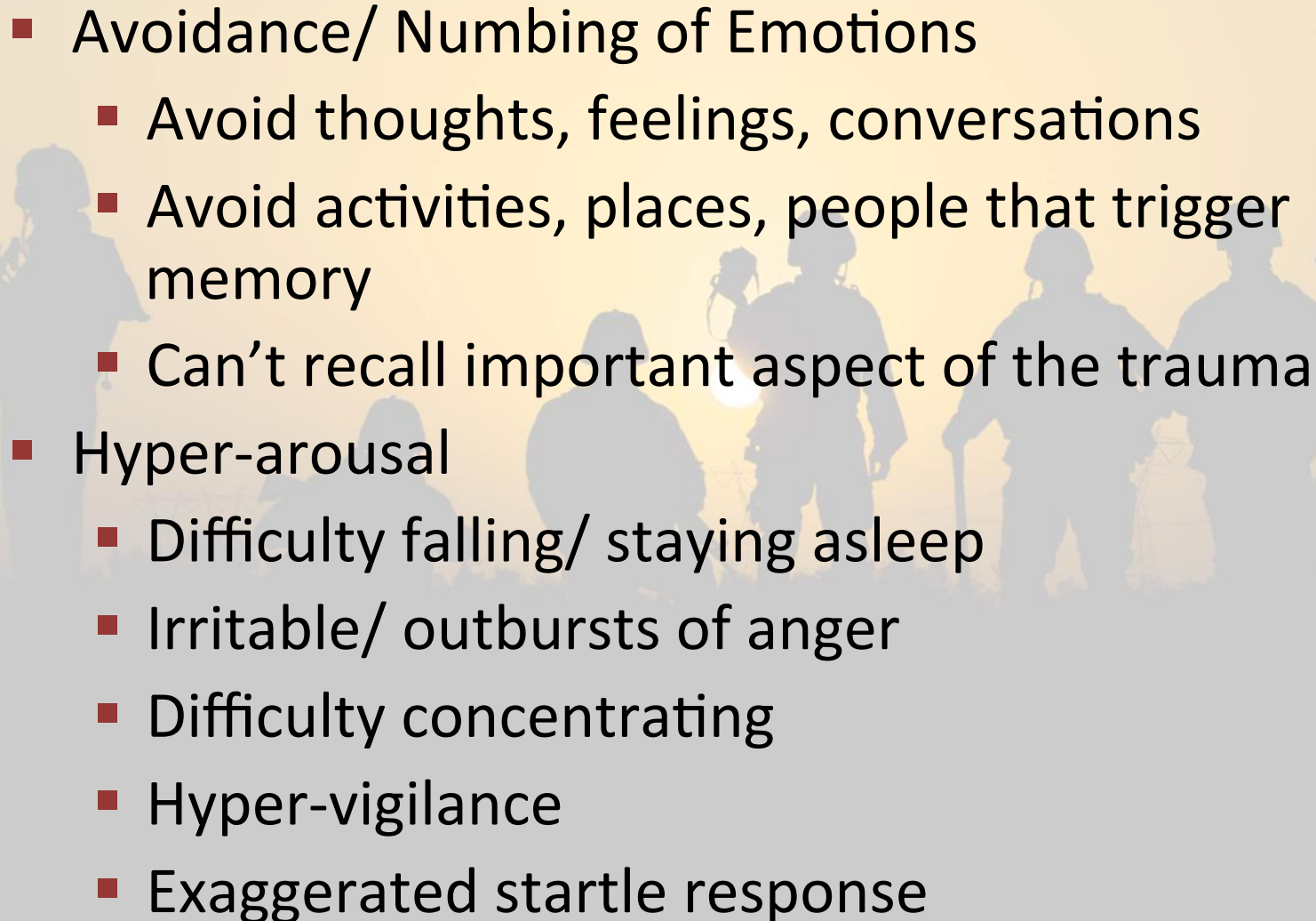
- 20% of Iraq and Afghanistan veterans (300K people)
- Military Sexual Trauma (MST) leads to 59% higher risk for mental health injuries
- Female veterans tend to be more likely than males to seek treatment
- Transitioning home and immediately resuming “mom” role
- Attachment disruption and parenting issues
- Readjustment vs. PTSD Diagnosis

Stress Disorder Continuum

Normal – Acute Stress D/O - PTSD

- Exposure to traumatic event(s) – Accumulates
 - Threat of death, serious injury, or witness to it
 - Sense of intense fear, helplessness (the key!)
- Intrusive Recollections
 - Recurrent distressing recollections or perceptions
 - Recurrent distressing dreams
 - Acting/ feeling the event is recurring, incl. flashbacks, hallucinations
 - Intense distress when exposed to symbols, cues
 - Physiological reaction when exposed to cues

Stress Disorder Continuum - Continued

- Avoidance/ Numbing of Emotions
 - Avoid thoughts, feelings, conversations
 - Avoid activities, places, people that trigger memory
 - Can't recall important aspect of the trauma
 - Hyper-arousal
 - Difficulty falling/ staying asleep
 - Irritable/ outbursts of anger
 - Difficulty concentrating
 - Hyper-vigilance
 - Exaggerated startle response
- 
- The background of the slide features a silhouette of a group of soldiers in a field at sunset. The soldiers are wearing helmets and carrying equipment, and they are positioned in various stances, some standing and some sitting. The sun is low on the horizon, creating a warm, golden glow that silhouettes the figures against the bright sky.

Stress Disorder Continuum - Continued

- Duration
 - Almost everybody has initial symptoms (normal)
 - > 1 month – think Acute Stress Disorder
 - < 1 month – think about PTSD
- Functional Significance
 - Does it cause clinically significant distress??
 - Does it impair social, occupational, or other areas of functioning?
 - Presence of symptoms does NOT always equal diagnosis!

Traumatic Brain Injuries: “Signature” Wound of the GWOT

- IEDs are the weapon of choice against us
- 75% of injuries in the war are from blasts (Institute of Medicine study)
- Poor memory, impaired concentration, irritability, sleep disturbances common issues
- “That’s not the person I married!” What to do?
- Spouse – learn to cope vs. guilt over leaving is very real, heart wrenching for all
- Impact on the children – “What’s wrong with Daddy? Why is he mad all the time?”

Suicide and the Military

- 2008: Military suicide rate passes general U.S. population for the first time
 - 2003: 12.4 suicides per 100,000
 - 2008: 19.5 suicides per 100,000
- Suicide attempts have also skyrocketed, even over past 3 years (2006-2008): 350 – 2100
- Key triggering issues:
 - Relationship issues #1
 - Financial problems
 - Number and length of deployments
 - Problems with the law

MST – Military Sexual Trauma

- Almost 1/3 of females veterans of all eras say they were assaulted or raped in service
- Only 8% of offenders are prosecuted in military as compared to 40% in civilian courts
- More than 70% of women veterans experienced sexual harassment in service
- Major health problems of MST – the challenge of Multiple Diagnoses!
 - Depression
 - Miscarriages
 - Eating Disorders
 - Hypertension

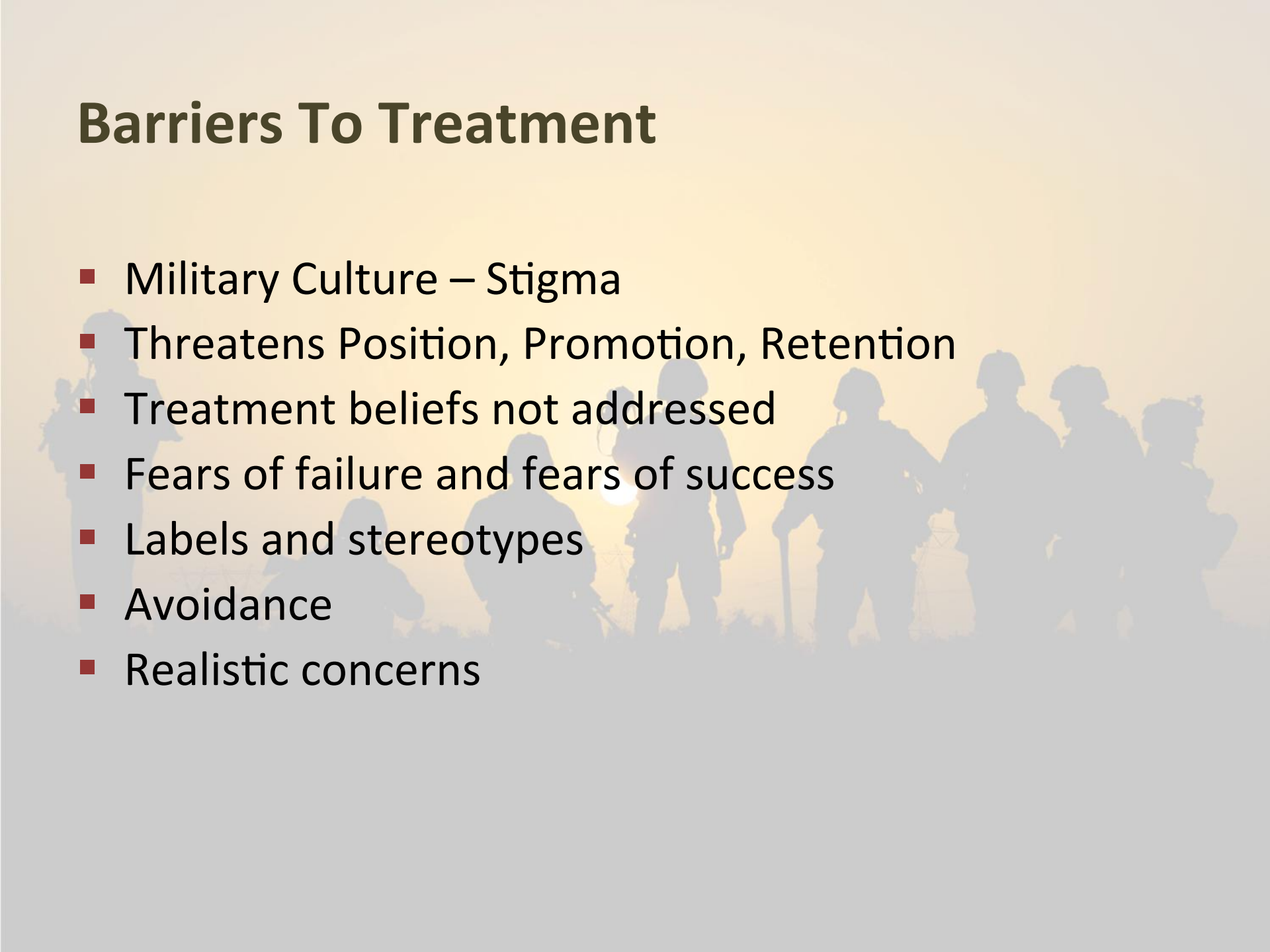
Homelessness

- 13,100 homeless female veterans (Sept 09)
- Up to 4 times more likely to be homeless than civilian peers
- Of the nearly 3K homeless veterans from Iraq and Afghanistan that have been treated at VA medical centers, 10% are women
- Overall number of homeless veterans is going down; yet number of homeless women veterans is going up
- Tend to have more severe mental health problems than homeless male veterans
- 40% of homeless women veterans report being sexually assaulted by a fellow service member in the military
- Many are of child-bearing age and have children
- Programs for homeless women veterans have been slow to materialize
- Cite child care as their number one unmet need

Why Might Reserve and Guard (RC) Members be at Greater Risk than Active Duty (AD) Soldiers?

- AD have ready access to healthcare but RC DoD health benefits (TRICARE) expire at 6 months post deployment
 - More than half of RC soldiers were beyond 6 months out by PDHRA
- Because special VA benefits end 5 years after separation, the need to secure ongoing VA healthcare may push RC to report symptoms
- RC lacks day-to-day support from war comrades
- RC faces added stress of transition back to civilian employment

Barriers To Treatment

- Military Culture – Stigma
 - Threatens Position, Promotion, Retention
 - Treatment beliefs not addressed
 - Fears of failure and fears of success
 - Labels and stereotypes
 - Avoidance
 - Realistic concerns
- 
- The background of the slide features a silhouette of a group of soldiers in a field at sunset. The soldiers are wearing helmets and carrying gear, and they are positioned in a line across the middle ground. The sun is low on the horizon, creating a warm, golden glow that silhouettes the figures against the bright sky. The overall mood is somber and reflective, which complements the theme of the slide.

Beyond Diagnosis

- Many problems faced by returning combat veterans and their families are not so much *clinical* as they are *functional*:
 - Work Stress/Unemployment
 - Educational/Training Needs
 - Housing Needs
 - Is your patient homeless or perhaps *functionally homeless*?
 - Financial and/or Legal Problems)
 - Family Issues
 - Lack of Social Support
 - Estrangement
 - Family Breakup
 - Kids in trouble

DO's and DON'Ts

DO:

- Thank them for their service.
- Listen non-judgmentally, with empathy and acceptance.
- Be aware the veteran may be working through adjustment issues and treat him or her with “respect, dignity, and privacy.”
- Make sure veterans and their families are aware of available services and potential benefits of them.

DONT:

- Try to “talk the talk.” Nothing will discredit you more in the eyes of a veteran.
- Give your armchair general or political analysis of the war.
- Press for details of a traumatic event, but be prepared to listen when they are offered.
- Tell him or her that they are “lucky” to have survived or that things could have been much worse.

Public Health Model

- Most War Fighters/Veterans will *not* develop a mental illness [or suffer a brain injury] but all War Fighters/Veterans and their families face important readjustment issues
- A population-based approach is less about making diagnoses than about helping individuals and families retain/regain a healthy balance despite the stress of deployment
- A public health approach requires a progressively engaging, phase-appropriate integration of services

Defining the Problem...

There are **significant behavioral health issues** facing Reserve Component Members and their families.

Civilian health **providers often lack knowledge** of military culture and the mental/behavioral health issues facing veterans and their families to appropriately identify and treat their needs.

There is **limited access to health and behavioral health providers who accept TRICARE** (i.e., military insurance program), in geographically isolated, underserved, and rural areas of the country.

Reserve Component Members and their families **generally do not know how or where to locate civilian health providers** interested in and/or trained to serve them.

Our Goal

The goal of CSSP is to ensure that there are three (3) providers within 30 minutes of every Service Member and their Family who needs their services. Providers who:

- Express an interest in serving the military
- Improve their knowledge through continuing education
- Participate in TRICARE
- Participate in a web-based searchable database

Addressing the behavioral health needs of veterans and the families often impact other issues such as:

- Unemployment
- Homelessness
- Substance Abuse
- Domestic Violence
- Incarceration

Technical Assistance

CSSP provides technical assistance to improve provider and community systems to better meet the needs of returning Service Members and their families.

An Integrated Systems Approach... Deployment analysis identifies gaps in adequacy of services. Those areas are targeted for recruitment, training, TRICARE enrollment and registration in a national, searchable provider database.

Provider Training

Our goal is to improve health and behavioral health provider access to state-of-the-art training delivered in person or via distance technologies

www.aheconnect.com/citizensoldier/

Provider Database

Our goal is to increase access (geographic and financial) for Service Members and their Families to trained health and behavioral health professionals who understand the challenges of deployment related behavioral health issues through a national, searchable provider database

www.warwithin.org

Deployment Analysis

Our goal is to identify gaps in services and provide answers on pertinent policy questions about adequacy and access to services like the VA, or the ratio of Reservists to behavioral health providers in a given county

www.unc.edu/cssp/datacenter

**Service
Members
and their
Families**

*There should be **No Wrong Door** to which Veterans or their families can come for the right help*

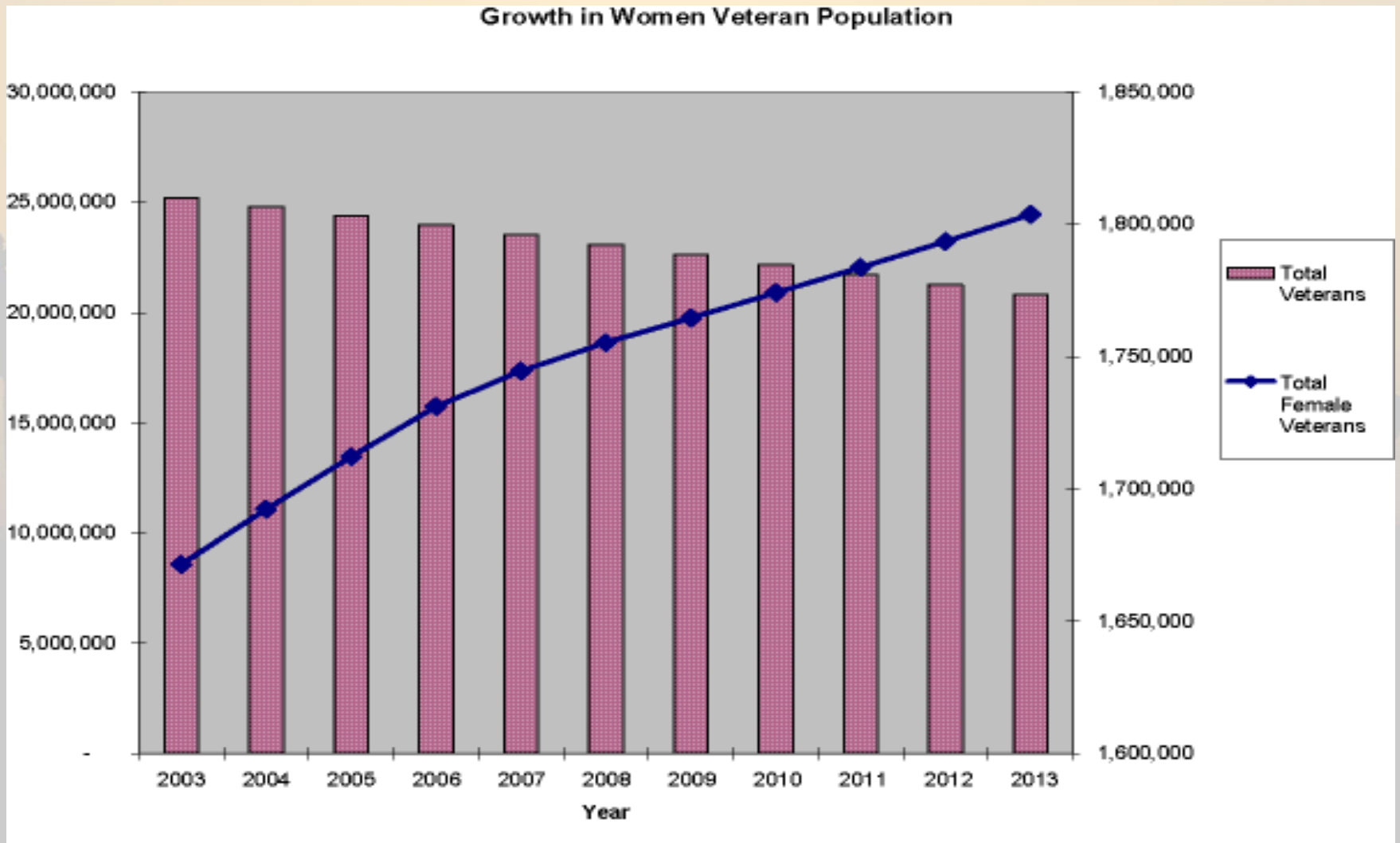
The background of the image shows a group of soldiers in silhouette against a bright, hazy sunset. The sun is a glowing orb in the center, partially obscured by the word 'QUESTIONS?'. The soldiers are in various poses, some standing and some kneeling, with their gear and rifles visible. The overall mood is somber and reflective.

QUESTIONS?

References

- Swafford, Anthony, “Jarhead” PBS Video “Operation Homecoming” Random House September 2006
- Citizen Soldier Support Program, “Painting a Moving Train” on-site and on-line training 2008
- Citizen Soldier Support Program analysis of DMDC data September 2010
- “Soldier Suicides Could Trump War Tolls: US Health Official,” *American Family Physician*, May 5, 2008
- Gorman, Lisa A. et al, “National Guard Families After Combat: Mental Health. Use of Mental Health Services, and Perceived Treatment Barriers”, *Psychiatric Services*, January 2011
- “Invisible Wounds of War Summary and Recommendations for Addressing Psychological and Cognitive Injuries” *RAND Center for Military Health Policy Research*, 2008
- Dowling, John et al, *Military Culture 101: Understanding Today’s Guard & Reserve Population*, http://www.copingaftercombat.com/PDF/Military_Culture_101.pdf and CSSP suggestions
- “Working with Veterans and their Families” presentation by Bruce A. Moyer, Psy D.
- Women Warriors:
“Moms with Guts” presentation by Bruce A. Moyer, Psy D. EAHEC Annual Conference April 19, 2012

Women Veteran Trends



Women Veterans Are Younger

- Among women veterans returning from OEF/OIF:
 - 85% are below age 40
 - 58% are between ages 20-29
- Leave service early in their careers
 - Balancing career and family
 - Perceived lack of advancement opportunity
 - Sexual assault and harassment

*VA Healthcare Utilization Among 94,010 Female OEF/OIF Veterans through 1st Qtr. FY 2008
Environmental Epidemiology Service*

Women Warriors, Supporting She Who Has Borne the Battle, Erin Mulhall, Oct 09

A Snapshot of Race Demographics in the Army (Sept 2009)



	Females		Males	
	(n=73,772)		(n=475,258)	
	#	%	#	%
White	31,895	43.2%	312,176	65.7%
Black	26,368	35.7%	81,909	17.2%
Hispanic	8,973	12.2%	51,175	10.8%
Asian	3,542	4.8%	15,977	3.4%
Other	2,994	4.1%	14,021	3.0%

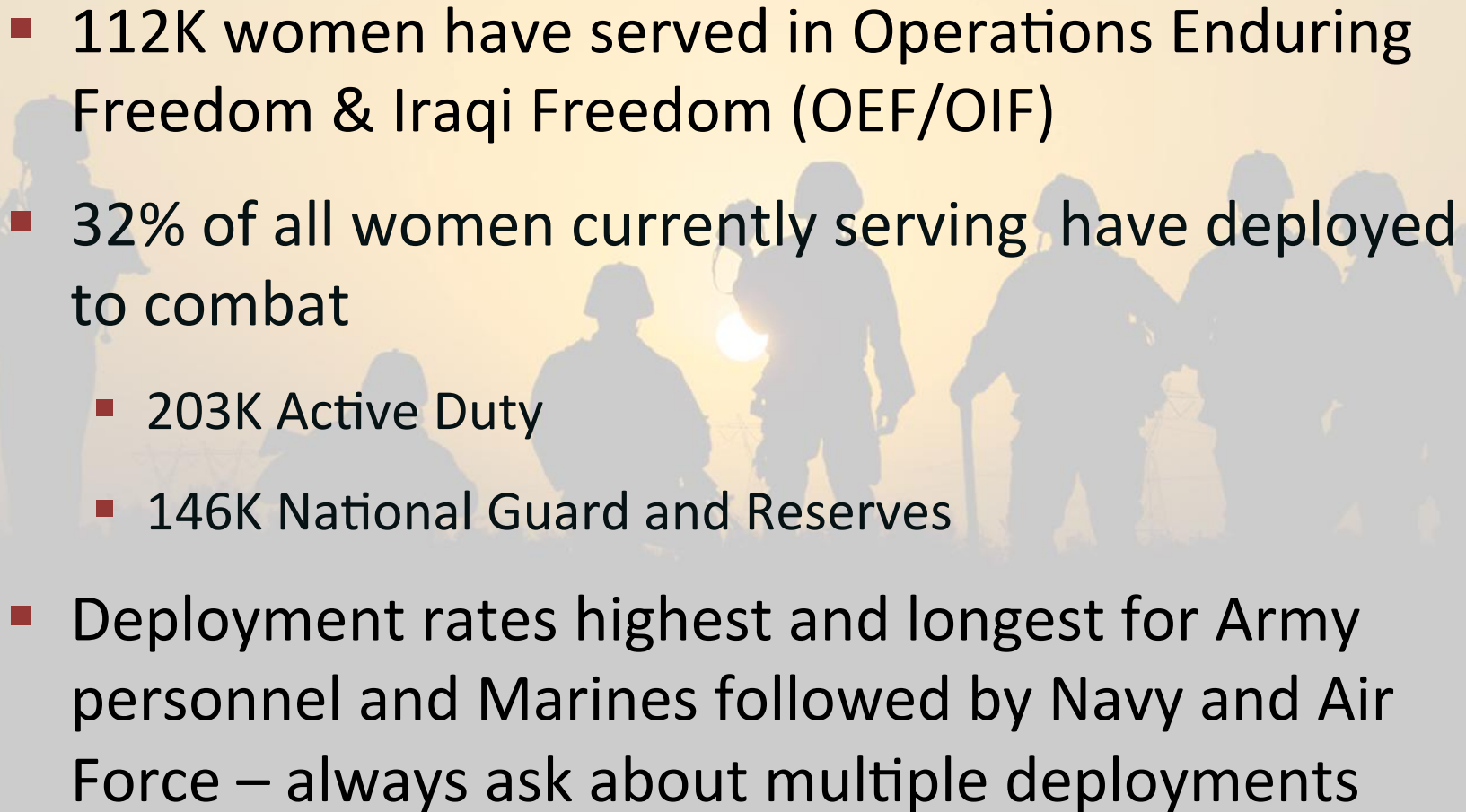
Marriage and Children

- **Married** (social support, financial resources, etc.)
 - 60% of males in Army
 - 48% of females
- 40% of military women on active duty have children (primary caregiver)
- Twice as likely to be single parent
 - 5.5% of males in Army
 - 14.7% of females
- Divorce rate 3 times higher for women
 - 2.9 Army men; 8.5% women
 - 3.3 Marine men; 9.2% women

Women Serving on Active Duty by Branch of Service (Sept 08)

Branch of Service	Women as a % of Total Personnel	Number of Women	Officers	Enlisted
Army	13.6%	73,252	15.5%	13.2%
Navy	15.0%	49,054	15.1%	15.0%
Marine Corps	6.2%	12,221	5.8%	6.2%
Air Force	19.6%	63,220	18.3%	19.9%
Coast Guard	12.2%	5,066	14.9%	11.6%
Total	14.2%	203,083	15.3%	14%

Women in Combat

- 112K women have served in Operations Enduring Freedom & Iraqi Freedom (OEF/OIF)
 - 32% of all women currently serving have deployed to combat
 - 203K Active Duty
 - 146K National Guard and Reserves
 - Deployment rates highest and longest for Army personnel and Marines followed by Navy and Air Force – always ask about multiple deployments
- 
- The background of the slide features a silhouette of a group of soldiers in combat gear, including helmets and rifles, standing in a line against a bright, hazy sunset or sunrise. The sun is low on the horizon, creating a strong backlight effect that silhouettes the figures. The overall tone is somber and respectful.

Strengths of Women Veterans

What They (and you) have to Work with

Disciplined

Courageous

Self-Motivated

Loyal

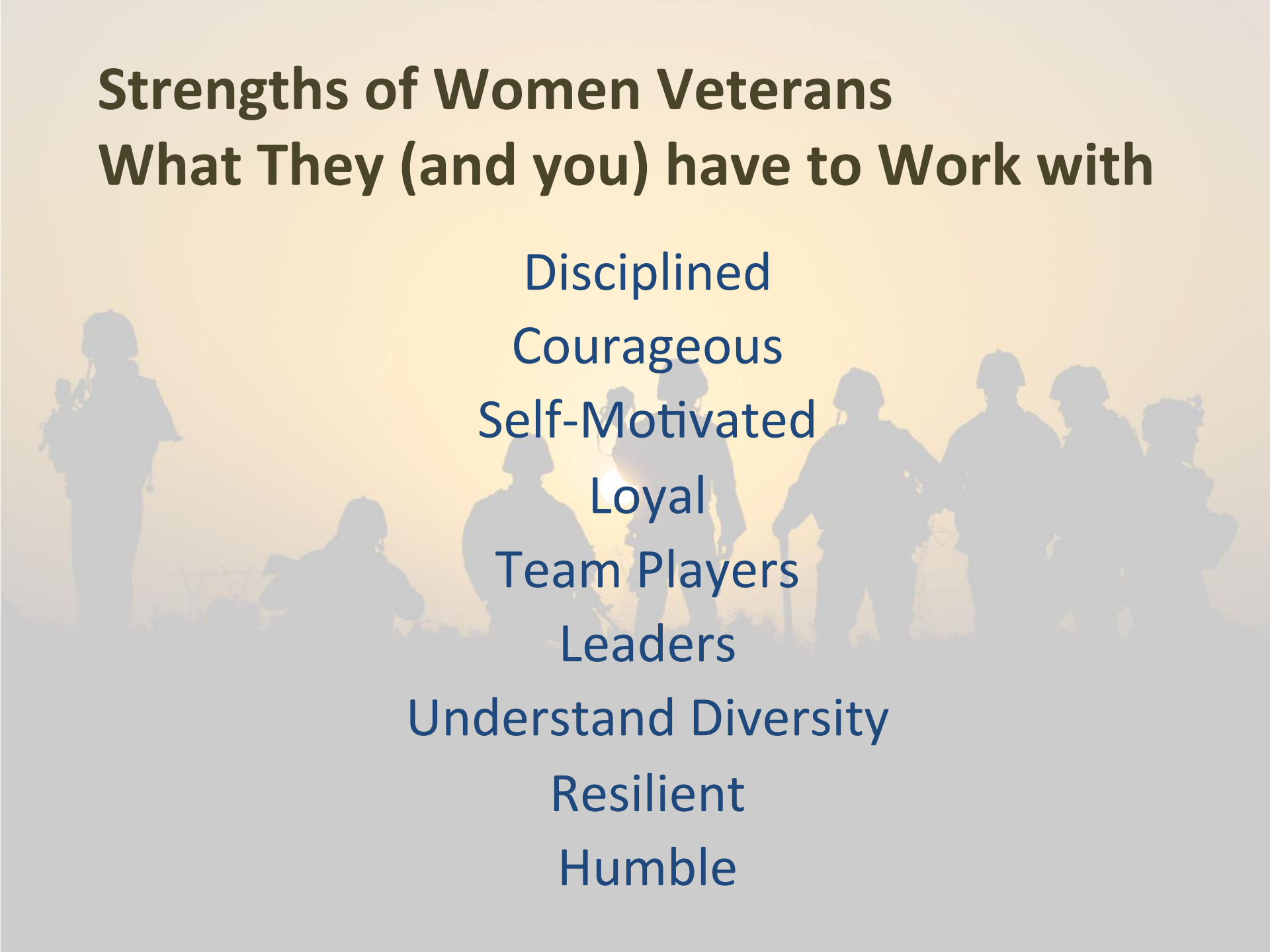
Team Players

Leaders

Understand Diversity

Resilient

Humble



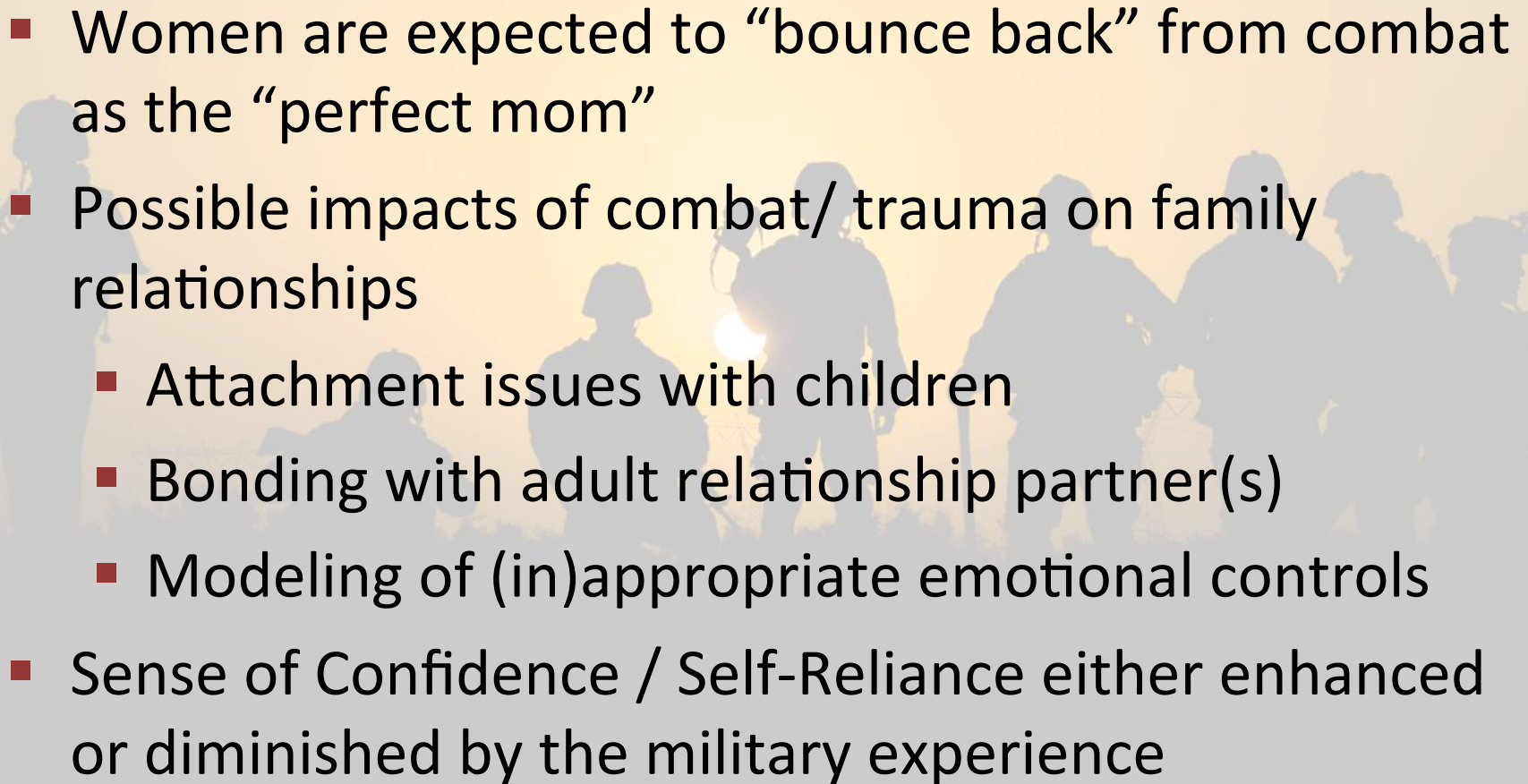
Inadequate Health Care

- VA system has not adapted quickly enough
- Less likely to have private health insurance
- Adjustment and depression issues - high co-morbidity with physical diagnoses
- Most common physical conditions - Fibromyalgia, Chronic Fatigue Syndrome and Dyspepsia
- Significantly more out- and inpatient visits
- Insufficient therapists licensed and experienced in counseling MST victims
- Insufficient same gender therapists and same gender therapeutic groups

Education and Employment

- Childcare
- Transportation
- Gender and ethnic discrimination
- Underemployment
 - Earn ~\$10K less a year than male veterans
 - Struggle to find jobs that pay what military career did
 - Earn more than civilian peers (longer hours and more weeks)

The Warrior – Mother: Integrating the Roles

- Women are expected to “bounce back” from combat as the “perfect mom”
 - Possible impacts of combat/ trauma on family relationships
 - Attachment issues with children
 - Bonding with adult relationship partner(s)
 - Modeling of (in)appropriate emotional controls
 - Sense of Confidence / Self-Reliance either enhanced or diminished by the military experience
- 
- The background of the slide features a silhouette of a group of people, including several soldiers in full combat gear and one child, standing against a bright, hazy sunset or sunrise. The scene is backlit, creating a soft, golden glow around the figures.

