WORKING EFFECTIVELY WITH OEF/OIF/OND VETERANS ON CAMPUS: A PRIMER

Jesse Brown VA Medical Center/VITAL Initiative
Eric Proescher, PsyD and Holly Passi, PsyD Dec. 12, 2012

Goals of this Presentation

- To orient staff to the OEF/OIF/OND experience and military culture.
- To describe this demographic and the issues they face.
- To provide basic information about PTSD and TBI.
- To suggest effective means of support/intervention/accommodations for student veterans.

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Scope of the Issue

- Length of current combat operations
  - As of November 27, 2006, war in Iraq was longer than WWII.

- An all volunteer force = multiple deployments
  - Many veterans have experienced 3 or more deployments.

Scope of the Issue

- *2. 8 million* service members have served in Iraq and Afghanistan.

- "The war in Iraq remains very personal. Over 75% of Soldiers and Marines surveyed reported being in situations where *they could be seriously injured or killed*; 62-66% knew someone *seriously injured or killed*; more than on third described an event that caused them intense fear, helplessness or horror."

--From the Office of Surgeon General Mental Health Advisory Team (MHAT) IV, Final Report, Nov 06

Scope of the Issue – Student Veterans

- National Survey Exploring Psych Symptoms and Suicide Risk
  - Average student vet is moderately depressed and moderately anxious.
  - 525 veterans, 79% male and 21% female, mean age 26 years.
    - 34.6% endorsed symptoms of "severe anxiety"
    - 45.6% met criteria for PTSD according to PCL-M

Rudd, Goulding, & Bryan, 2011

Scope of the Issue – Student Veterans

- Elevated Suicide Risk
  - 46% endorsed suicidal ideation at some point in the past.
  - 20% reported suicidal thoughts with intent and plan.
  - 10.4% endorsed thoughts of suicide "often" or "very often."
  - 7.7% reported a past suicide attempt.
  - 3.8% reported that a suicide attempt was "likely" or "very likely."

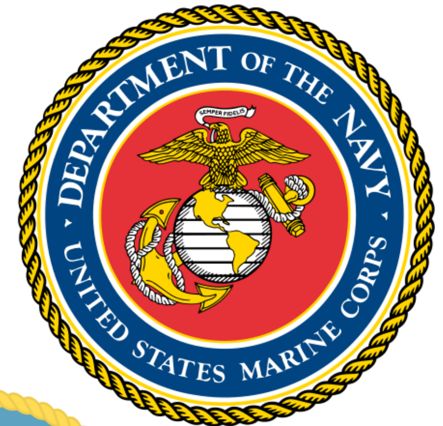
Rudd, Goulding, & Bryan, 2011

Basic Training – Military Culture

Understanding the nature of the military culture, combat, and the stresses of living and working in a war zone are critical to establishing credibility with veterans.

Basic Training – Military Culture

- Army
  - Army National Guard
- Navy
- Marine Corps
- Air Force
  - Air National Guard
- Coast Guard



Basic Training – Military Culture

- High standard of discipline that helps organize and structure the armed forces
- Professional ethos of loyalty and self-sacrifice that maintains order during battle
- Distinct set of ceremony and etiquette that create shared rituals and common identities
- Emphasis on group cohesion & esprit de corps that connect service members to each other.

Basic Training – Military Culture

- Traditional Masculine Gender Socialization
  - Independence
  - Self-reliance
  - Stoicism
  - Emotions, aside from anger, construed as weakness and actively avoided, commonly with substance use.
    - Emotional control is highly valued, especially in combat.
    - Veterans are likely to hide emotional distress from one another, which often contributes to vets feeling alone in their emotional suffering.
  - These traits are not problematic by definition, but can become so when they interfere with social, occupational, or academic functioning.

THE OEF/OIF/OND Experience

- Most veterans have seen significant stuff.

"There's nothing normal about war. There's nothing normal about seeing people losing their limbs, seeing your best friend die. There's nothing normal about that, and that will never become normal…"

Lt. Col. Paul Pasquina, MD from the movie "Fighting For Life"

The OEF/OIF/OND Experience

- Driving: signature trigger for OEF/OIF/OND veterans
- Nature of war in Iraq & Afghanistan
  - Need for high speeds, evasive maneuvers
  - Number one killer of OEF/OIF veterans after returning home

THE OEF/OIF/OND Experience

- “Crowd control”: Ambiguity and uncertainty

The OEF/OIF/OND Experience

- Fear and terror

The OEF/OIF/OND Experience

- Death, injury, and loss of comrades.

Multi-casualty incidents (Suicide Bombers, VB/IEDs, ambushes)
Seeing the aftermath of battle
Handling human remains
Friendly fire
Witnessed or committed atrocities
Witnessing death/injury of close friend/favored leader
Death/injury of women & children
Feeling/being helpless to defend or counter-attack
Being unable to protect/save a colleague or leader
Killing at close range
Killing civilians/"avoidable" casualties or deaths

Other experiences

MILITARY SEXUAL TRAUMA (MST):

- May be compounded by combat trauma
- Frequently unreported:
  - trauma occurs in context of where the soldier lives/works
  - military culture emphasizes cohesion
  - occurs in civilian contractors as well as military
- Male victims as well as female;
  female perpetrators as well as male
- Heavily male environment in VA

Ten things to keep in mind…

- 1. Multiple deployments is rule rather than exception
- 2. Vets never think of themselves as heroes
- 3. Their political, social, and educational backgrounds are as varied as the rest of America
- 4. Most vets “carry”
- 5. Suicidal thinking is more common than most would believe

Ten things con't…

- 6. NEVER ask "Did you kill anyone?"
- 7. Combat vets often want to go back to the war zone
- 8. They get misdiagnosed ALL THE TIME
- 9. Nothing is black-and-white about their experiences—War was not all bad and home is not all good
- 10. They are not the same person as they were before deployment

Effects of Deployment

- Being in harm's way changes *everything*

The unremitting threat of and exposure to constant danger to self and/or others changes us:

Neurobiologically

Psychologically

Physiologically

Changes our perceptions of ourselves and the world

General Challenges with Readjustment

- Re-integration to family and work life.
- Decision-making.
- Boredom and irritation.
- Navigating unfamiliar contexts or tasks, especially if the person has had long military career or joined right out of high school.
  - E.g., Job applications, school system or assignments.
- Isolation – loss of identity/purpose, camaraderie, community.

General Challenges with Readjustment cont'd

- **Many problems faced by returning combat veterans and their families are not so much *clinical* and 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**

PTSD and TBI: Signature Wounds of OEF/OIF/OND

- **PTSD**
- Recent estimates indicate that between 4 and 17% of OEF/OIF veterans suffer from PTSD.
  - Additionally, some may have "subthreshold" symptoms.
- **TBI**
  - A relatively common battlefield injury. As many as 20% of OEF/OIF veterans have had a mild TBI.
- **Comorbid PTSD and TBI**

  In a RAND study, 34% of those with TBI also met criteria for PTSD.

PTSD Core Symptoms

- Characterized by symptoms that follow exposure to an extreme traumatic event involving 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
  - Avoidance
  - Hyperarousal

Additional Symptoms

- Guilt
  - Rational or irrational
  - Understanding atrocities
  - Survivor's guilt
- Anger at government
- Mistrust of authority
- Damage to spirituality
- Desire to return to warzone
- Adrenaline-seeking

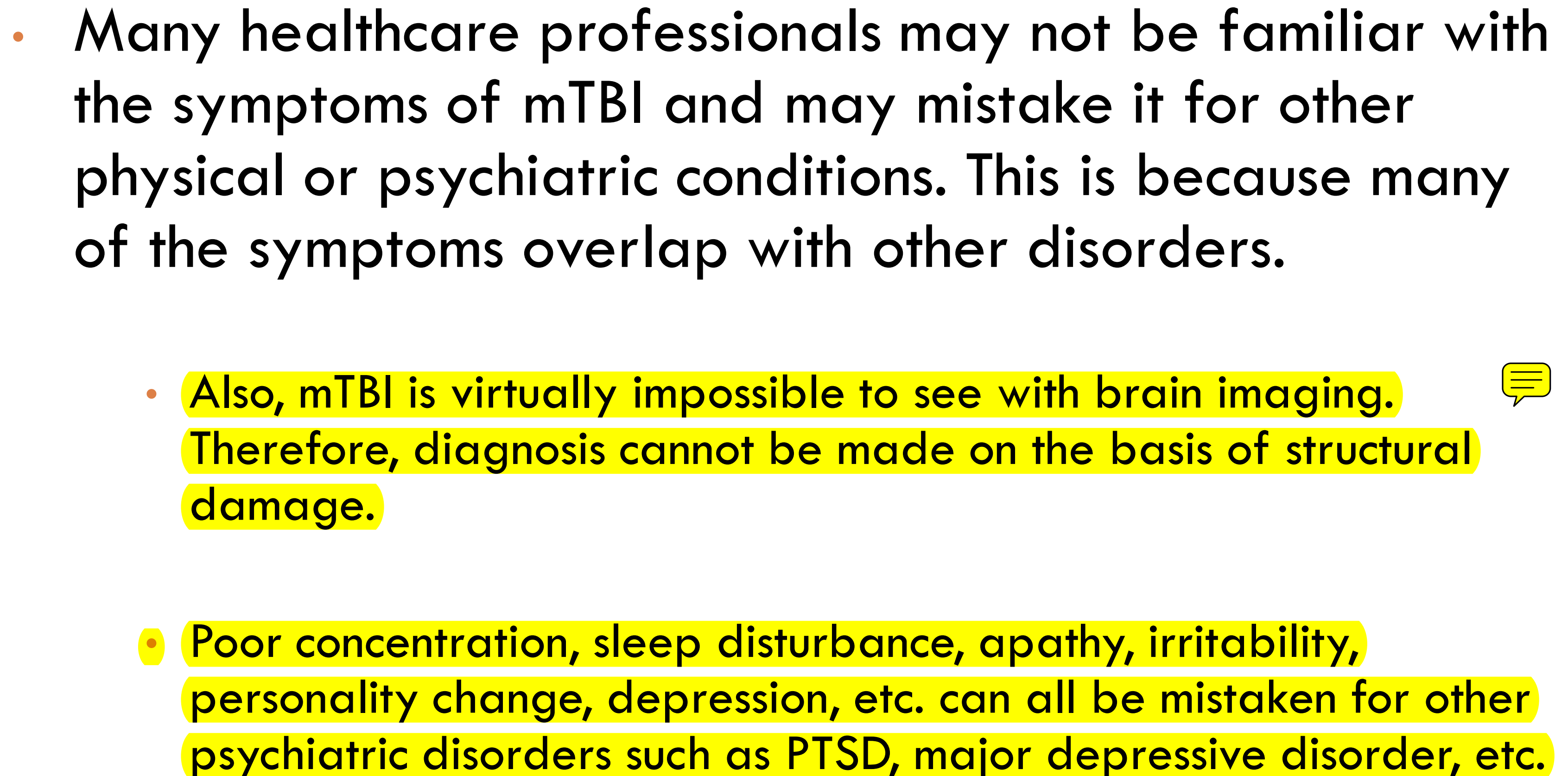
Understanding Cues or Triggers

- Think "full body" : memories are laid down in all sensory spheres
- Terrain: desert, urban
- Weather: heat, wind, humidity
- Songs
- Smells
- People: automatic response to persons who appear Middle Eastern; children
- Situational: mimic loss of control, powerlessness

Traumatic Brain Injury

- What is it?
  - Physical injury to the brain caused by blows or jolts to the head.
    - Mild traumatic brain injury (mTBI) has been tagged as a "signature" wound of OEF/OIF/OND.
      - This is due to the prevalence of IEDS and other explosive devices. Today, soldiers are more likely to survive these types of injuries due to advances in body armor and helmets.

TBI: Diagnostic Difficulties



- Many healthcare professionals may not be familiar with the symptoms of mTBI and may mistake it for other physical or psychiatric conditions. This is because many of the symptoms overlap with other disorders.

  - Also, mTBI is virtually impossible to see with brain imaging. Therefore, diagnosis cannot be made on the basis of structural damage.

  - Poor concentration, sleep disturbance, apathy, irritability, personality change, depression, etc. can all be mistaken for other psychiatric disorders such as PTSD, major depressive disorder, etc.

TBI Continued

- Individuals with persisting symptoms may not notice mTBI them until weeks or months after the injury.
  - When certain activities are routine or very structured, subtler cognitive deficits may not be as noticeable.
  - Problems with attention, concentration, memory, etc. may be more noticeable with novel, less structured activities.
    - For example, many veterans notice the extent of problems with attention or concentration when they attempt to return to school.

Other common conditions in vets…

- Substance abuse
- Depression and suicidal thinking
- Panic disorder and other anxiety disorders

PTSD, TBI and Readjustment on Campus

- How do you think symptoms of PTSD and TBI might manifest in an academic setting? How would this look?

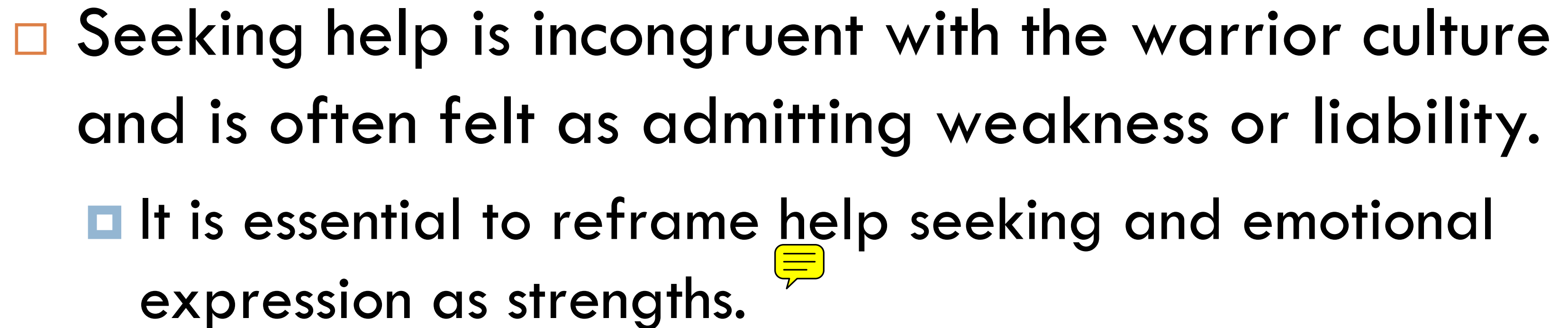
PTSD – Potential Signs

- Restlessness, nervousness
- Distractibility
- Stimulus control- e.g., sitting at the back of the room
- Social isolation
- Constricted affect, indifference.
- Fatigue due to sleep disturbance or nightmares
- Low motivation.
- Irritability, emotional reactivity to peers

TBI – Potential Signs

- Difficulty with
  - sustained attention and concentration.
  - functioning without clear structure or direction.
  - multi-tasking or organizing.
  - “shifting cognitive set.”
  - initiating/sustaining actions
  - navigating complex systems or tasks
- Problems with emotion regulation.
- Forgetfulness.
- Fatigue due to sleep disturbance.
- Light sensitivity.

Keep in mind that…



- Seeking help is incongruent with the warrior culture and is often felt as admitting weakness or liability.
  - It is essential to reframe help seeking and emotional expression as strengths.

Keep in mind that…

- Do not assume that all combat vets have PTSD.
- Do not make assumptions about the definition of *traumatic*. Its highly subjective.
- Veterans may be especially sensitive to confidentiality issues and how treatment/diagnosis may impact job prospects.

Potential Classroom Accommodations for PTSD and TBI

- Audio-recording lectures.
- Taking breaks during class.
- Obtaining a note-taker.
- Audio-recording lectures.
- Extra time on tests.
- Taking tests in distraction-free environments.
- Receiving assignments in writing.

Dealing with Classroom Issues

- May need to work with vets around negotiating with professors in a diplomatic, assertive manner.
  - Negotiating with authority figures may be unfamiliar, uncomfortable for them.
  - May be hesitant to explain difficulties or request help.
  - Avoidance may manifest in classroom activities, may sabotage vet's performance.

Dealing with Classroom Issues

- Help vets develop compensatory strategies and coping strategies.
  - Consider course load and schedule.
    - Spacing out courses throughout the week may be helpful.

- Help foster vet's ability to structure activities.
  - Problem-solving, goal setting
  - Focus on what they *can do*, not what they can't.

General Suggestions for Staff

- Examine your assumptions, filter most of them when interacting with vets.
- Know on and off campus resources for vets and be prepared to refer them.
- Facilitate connections with other veterans.
- Provide enhanced advising around financial aid and registration.
- Understand and be flexible regarding outside pressures including family obligations, military obligations, GI Bill problems, etc.

Role of VITAL

- Help connect vets with VA resources.
  - Case management
  - Medical
  - Specialty clinics like Pain Clinic, Neuropsychology, PTSD Clinic, etc.
- Provide individual psychotherapy, including but not limited to readjustment, PTSD, or TBI issues.
- Peer mentoring.
- Outreach and education to vets, faculty, staff, and other community organizations.

Useful Resources

- Community Provider Toolkit –handouts and videos on understanding military culture and context.
  - www.mentalhealth.va.gov/communityproviders
- Returning from the War Zone Guides – resources on readjustment.
  - www.ptsd.va.gov/public/reintegration/guides-rwz.asp
- VA Campus Toolkit
  - www.mentalhealth.va.gov/studentveterans

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