Meeting the Distinctive Needs of Women Veterans

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PTSD & Substance Abuse

20% of Female Veterans of the Iraq and Afghanistan wars suffer from PTSD

27% of female veterans of the Vietnam war were diagnosed with PTSD.

One of the hallmark symptoms of PTSD is the tendency to self medicate.

Trained to be tough and ignore their fear

This dynamic is rooted in the military culture or warrior code.
Why is COS Unique to PTSD

Culture plays an important role

• Military forces are “trained professionals” expected to withstand any combat experience.

Stigma

• Women have much more to prove to gain access to the “Boys club” and be accepted as equals.
Women Veterans: Barriers to Entering Residential Treatment

- Many women do not identify as veterans

- Family and children—“Who will care for my children if I’m in treatment”

- More desire to have the family involved in treatment.

- Women are more likely to look for help from their family physician than a mental health provider who specializes in trauma or women's issues.
Women Veterans: Barriers to Entering Residential Treatment

Women are less likely to:

• View themselves as “Veterans”
• Realize benefits available to them through the VA
• Some women view the VA as inhospitable to them
• Have family support due to lack of understanding, of the women's role in the military.
Women Veterans: Barriers to Entering Residential Treatment

Women veterans prefer to be among only other women.

Women veterans have trouble discussing military issues with non-Veteran caregivers.

For those exposed to trauma prefer smaller trauma-informed programs.

May be reluctant to use VA services.

Unaware of other service providers or how to get help.
Samaritan Village Women Veterans Program

The 1\textsuperscript{st} and only civilian-based female veteran-specific program in NYS

25-beds providing substance abuse and mental health services to female veterans

The program
- Serves all veterans-all discharge types
- Reduces stigma
- Provides evidence based groups
- Has expertise in military culture
- Staff with military experience
- Innovative wellness programming
Program Philosophy: Reducing barriers

Education and training for all staff members
Military Culture
- Suicide Prevention
- Evidence Based Practices
- Recognizing signs and symptoms of PTSD

Create a supportive environment
- Safety “Creating Sanctuary Model”
- Promote emotional health
- Reduce the likelihood of substance abuse
Program Philosophy: Reducing Barriers

Health and Wellness

• Returning to regular patterns of sleep and exercise
• Pursuing hobbies and creative activities
• Relaxation techniques (meditation, yoga, etc.)
• Anger Management
• Resiliency
• Understanding your autonomic behavior
• BATTLEMIND
Program Philosophy: Reducing Barriers

• Screening for military history

• Confidentiality

• Reducing Stigma by keeping a peer based program possible.
Reducing Stigma

Veterans have been trained to be strong, dependable, self sufficient and able bodied, .....to show no weakness. To admit to “weakness”, to ask for help, to enter treatment is stigmatized.

We REDUCE STIGMA by using the above knowledge as a resilient quality in the ability to “Adapt and Overcome” in treatment

Using the client’s “Strengths” to help aide through the process and use the pride as a positive motivating force for forward motion.
Services Offered

• Evidenced Based Practices- Seeking Safety, Anger Management, Relapse Prevention, thinking for change. (ALL of Samaritan Programs)
  
  Military Sexual Trauma- Warrior Renew
  Post Traumatic Growth
  Veterans Pride
  Yoga and Meditation Practices

• Vocational Educational

• Reintegration into a civilian world
Services Offered

• Equestrienne day and three day long retreats offered every year.
• Yoga retreats to the local ashram allow veterans to see a simple and holistic lifestyle
• Museum and historical trips geared specifically for women and women veterans every summer, 5-6 events
• Recovery Festival and Women's Month Festival allow female veterans to integrate with civilians women in recovery.
Conclusions

Women many times do not think of themselves as veterans.

Women do not seek help due to the stigma it produces and being unaware of benefits.

Women are looking for more from programs today- trauma informed, help with housing and education, and family reintegration and participation.
Medication Assisted Treatment

A Therapeutic Community Perspective
The Progression

From This:

• Vicodin, Roxicodone, and OxyContin use has increased 33% in 5 yrs.

To This:

• From 2009 to 2013, 337 people died from heroin overdoses in Suffolk county.
  • To far worse:
• Fentanyl killed 220 people on Long Island, 126 in Suffolk County alone in 2016.
The Need For More

• Methadone – Opioid treatment program usually on an outpatient basis.
• Buprenorphine (Suboxone) – Prescriber with appropriate waiver.
• Naltrexone (Vivitrol) – Any health care provider with prescribing authority.

BUT WAIT!!

Although very effective, they are most effective when combined with counseling and behavioral therapies.
MAT “WITHOUT” Treatment

The compulsion (craving) is reduced through MAT but what remains are:

• Harmful behaviors and thinking patterns.
• Poor or no coping skills to support recovery.
• Recurring thoughts (obsession) about using.
• A lack of knowledge about the processes of relapse and recovery
MAT “WITH” Treatment

• Opportunity to learn and practice new behaviors and skills.
• Development of insight into and understanding about one’s addiction.
• Personal growth through achievement of treatment goals.
• Development of sober support systems in and outside of treatment.
ETVP: Challenge and Triumph

The Veteran’s culture went through the following:

Phase I
• Stigma – abstinence vs. MAT

Phase II
• Acceptance – education about MAT and integration.

Phase III
• Tapering – anxiety, timing of taper, reward, and a sense of accomplishment.
Wellness, Recovery, Mental Health

As Implemented at 43rd Street Veterans Program
Wellness

*Overall wellness encompasses a holistic approach to working with veterans:*

• Holistic Spa

• Meditation

• Yoga

• Gleason’s Gym
Recovery

Wellness and Recovery are not separate processes. To the end of assisting with the recovery process, 43st encourages involvement in the following:

• NA/AA on and off site
  • Recovery Club
    • Alumni
  • Big Brothers
• Evidenced Based Practice Groups
  • Resource Center
Evidenced Based Practice Groups

• Anger Management
• Seeking Safety
• Moral Reconnation Therapy (MRT)
• Sanctuary
• Relapse Prevention
Mental Health

Mental Health is a core component of services provided at 43rd Street:

• Veteran specific mental health services are provided in collaboration with 35th Street Mental Health Clinic.

• Trauma specific counseling through NYU Military Family Clinic

• On-site psychiatric services