



(DVIDS, 2017)

The Power of the Parallel: Using Culturally Appropriate Approaches to Create Positive Therapy Outcomes for Mental Health Providers Working with Service Members and Veterans



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(DVIDS, 2017)

Bio



(Personal Photo, 2015)

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- MSEd. (Fordham University, 2012); BS (Cornell University, 2001)
- Readjustment Counseling Therapist, Bronx Vet Center, U.S. Department of Veterans Affairs
- Works in outpatient setting, primarily with combat veterans, family members, and veterans who have experienced military sexual trauma
- Served on active duty in the U.S. Army for nine years to include two combat deployments to Iraq and service in the Republic of Korea, Germany, and Egypt. Currently still serves part time as a Civil Affairs Battalion Commander in the U.S. Army Reserve.

Disclosure

- The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the U.S. Department of Veterans Affairs, the U.S. Department of Defense, nor the U.S. Government.
- Mr. Bongioanni has no relevant financial relationships to disclose relating to the content of this activity.
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Learning Objectives

At the conclusion of this presentation, participants will be able to:

- Define the components of cultural competency and the ability to describe the implicit elements of military culture.
- Recognize how to draw basic parallels between military concepts and therapeutic goals when working with service members and veterans.
- Identify the personal attributes a culturally appropriate counselor can leverage during therapy in order to allow this cohort to gain more positive results.
- Identify the importance of a culturally competent intake form

Defining Military Culture

What is the difference?

Military Culture: Collective

- 'We' Culture
- Fixed
- The group's goals placed ahead of personal goals
- Learn first to manage people, then ideas
- Success is measured by group achievement
- Work is life (Profession...some might call it a vocation)



- Civilian Culture: Individualistic
 - 'l' Culture
 - Fluid
 - Emphasis is on individual achievement and self-reliance

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- Learn first to manage ideas, then people
- Success is measured by individual achievement
- Work is just a job (Occupation)

Defining Military Cultural Competence

Multicultural Orientation Has Two Domains:

- 1. Cultural Humility Ability to maintain a personal stance that is nonjudgmental and other oriented.
- 2. Cultural Opportunity Moments in session when a counselor can address and focus on a client's cultural identity.
- Missed cultural opportunities are missed opportunities to improve your clients outcome.
 (Sue and Sue, 1981)

Three Main Areas of Multicultural Counseling Competency:

- 1. Counselor Knowledge About Different Cultures & Perspectives
- 2. Counselor Awareness About Their Own Heritage and How That May Affect Their Own Attitudes, Beliefs, and Judgements
- 3. Counselor Skills to Utilize in Culturally Appropriate Approaches

(Sue and Sue, 1981)

Many Military Cultural Competence trainings for clinicians focus at the first point and often also address the second. <u>Few capture the third</u>.

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IMPLICIT COMPONENTS OF MILITARY CULTURE

...."We review the elements of military culture that may be the most powerful and enduring just because they are **implicit and intangible**, and cannot be shed along with the uniform: the values and guiding ideas that the warrior ethos comprises."

(Litz, Lebowitz, Gray, & Nash, 2016)

Military Ethos

- Warrior Ethos
- "Leave no one behind" deep and enduring sense of loyalty and commitment to fellow service members
- Emphasize the importance of teamwork
- Infuse in each Service member a moral focus including the ability to make ethical decisions in situations that are morally ambiguous
- The basic tasks of a service member are fourfold: prepare to kill, kill if ordered, prepare to die, and die if necessary
- Profession/Vocation vs. Occupation
- Instill a Bond of brotherhood/sisterhood lasts throughout their military career and beyond. This bond is highly valued, nurtured, and protected. This drives Unit Cohesion. After a service member separates, this is lost and can often leave a veteran searching for a substitute.

Military Values

- Honor and integrity are the core values of military service. In addition, each service has its own specific values that are taught to new recruits from the beginning of their time in service.
- The Army values are:

Loyalty, Duty, Respect, Selfless Service, Honor, Integrity, and Personal Courage

• Navy and Marine Corps values are:

Honor, Courage, and Commitment

• Air Force values are:

Integrity First, Service Before Self, and Excellence in All We Do

• Coast Guard values are:

Honor, Respect, and Devotion to Duty

• The attributes that soldiers, sailors, marines, airmen and coast guardsmen gain during their military service changes who they are as a person in a positive way. Channeling their understanding of the military ethos & values culture can be a key technique in therapy.

From War Zone to Home Zone

In the military, confidence in times of uncertainty is build in training. Battlemind skills helped service members survive in combat but can cause challenges on the Homefront if not transitioned properly. Educating a veteran about how to transition these skills can be a helpful way for a therapist to encourage more effective adaptation of existing skills.

Combat Skills: Buddies (cohesion)

Combat results in bonds with fellow Soldiers that will last a lifetime; back home, your friends and family have changed, reestablishing these bonds takes time and work.

Accountability

Maintaining control of weapon, and gear is necessary for survival. All your personal stuff is important to you.

Targeted Aggression

"Combat anger" involves appropriate responses to the actual threat level to ensure safety. Soldiers make split second decisions that are lethal in a highly ambiguous environment. Kill or be killed. Anger keeps you pumped up, alert, awake, and alive.

Tactical Awareness

Survival depends on being aware at all times of your surroundings and reacting immediately to sudden changes.

Lethally Armed

Carrying your weapon at all times was mandatory and a necessity. You developed and followed strict rules for weapons safety, and when to fire your weapon.

(Walter Reed Army Institute of Research, 2005)

At Home May Present As: Combat Skills:

Withdrawal

<u>Action to Transition Combat Skill:</u> Renew relationships at home. Spend individual time with each of your loved ones; balance time spent with buddies and family. Provide and accept support from them.

Controlling

Action to Transition Combat Skill:

Distinguish between what is and isn't important. Relinquishing control at home does not place you at risk. Don't be afraid to apologize when you overreact. Apologizing, especially to your spouse or significant other, is not a sign of weakness.

Inappropriate Aggression Responsibility Action to Transition Combat Skill: Your responsibility in comba

Assess whether there is a real threat to your safety. Think before you act. Wait before you respond (count to 10). Walk away. Talk to someone you trust – get an azimuth check.

Hypervigilance

Action to Transition Combat Skill:

Take time to relax. Monitor for revved-up reactions to minor events. Engage in regular exercise. Don't drink alcohol or take illegal drugs to fall asleep.

"Locked and Loaded"

at Home

Action to Transition Combat Skill:

Resist the desire to have a weapon "locked and loaded." Follow all laws and safety precautions regarding weapons. Never drive with a loaded weapon. Never use a weapon to threaten or intimidate loved ones.

Emotional Control

Controlling and suppressing your emotions during combat is critical for mission success. This control quickly became second nature.

Mission Operational Security

Talk about mission only with those who need to know. Can only talk about combat experiences and missions with unit members or those who have "been there--done that."

Individual Responsibility

Your responsibility in combat is to survive and to do your best to keep your buddies alive. In the "heat of battle," Soldiers must act—they must make life and death decisions.

Non-Defensive/ Combat Driving

Unpredictable, fast, rapid lane changes, keeping other vehicles at a distance, straddling the middle line, designed to avoid threats and danger.

Discipline and Orders

Survival depends on discipline and obeying orders from the chain of command. Following orders kept you and those around you safe and in control.

At Home May Present As: Anger/Detachment

<u>Action to Transition Combat Skill:</u> Showing emotions is important for

sustaining personal relationships. Displaying emotions doesn't mean you are weak.

Secretiveness

Action to Transition Combat Skill:

Realize that your family has a need to know something about your experiences while deployed Tell your story, but in the way you want to tell it. Share with your significant other what you're doing, day to day. Be proud of your service.

Guilt

Action to Transition Combat Skill:

Recognize that there are human limits to preventing death and injuries. Don't allow your survival guilt to destroy you. Your buddy would want you to drive on.

Aggressive Driving Action to Transition Combat Skill:

Shift from offensive driving to defensive driving. Control your anger. Obey traffic laws. Use turn signals. Slow down.

Conflict

Action to Transition Combat Skill:

Acknowledge that friends and family members have been successful while you have been gone and may have developed new ways of doing things. Always be prepared to negotiate. A family is not a military unit.

The Combat Veteran Paradox

A *paradox* is a statement that seemingly contradicts itself and yet might be true. Combat veterans have to deal with many different paradoxes when they return home. Since these are often very complex, counseling and therapy can help a combat veteran understand these paradoxes and develop successful coping strategies, even in the absence of a mental health disorder.

Paradox	Simultaneous th	oughts, emotions or behaviors
Modesty paradox	My service and sacrifice should be recognized.	Don't thank me; I was just doing my job.
	I'm proud of my service	I don't want to discuss my service.
	People don't want to help veterans.	I want to be left alone.
	Don't talk about self, "it was my team."	Everyone wants me to talk about me.
Mixed emotions paradox	I'm happy to be home.	I am angry a lot.
-		I am withdrawn a lot.
		I am often sad.
	I should share my feelings with family and friends.	I don't want to be hurt or fell vulnerable again.
Back-there paradox	I want to be home.	I want to return to deployment.
	I miss my family.	I want to be with the "guys."
	There is no purpose here.	I need to be there, "where it matters."
Kanji paradox	I'm happy to be alive.	Better men were killed. I don't deserve to be here.
		I should have saved him/her.
Morpheus paradox	I am physically and mentally exhausted.	I can't sleep.
		I can't calm down.
		I am constantly "on edge."
Courage paradox	I proved my strength and courage in combat.	People will think I am weak if I ask for help.
0.	. , , , ,	Showing emotions is a sign of weakness.
		Apologizing to loved ones is a sign of weakness.
Aschalasia paradox	I want to enjoy life.	I cannot relax.
-	I wish I could clear my mind and enjoy work.	Yes, everything matters. People die when mistakes happen.
Intimacy paradox	Being tight with members of the unit is important.	Keeping one's distance from family and loved ones is importan
	If feels good to be loved.	I can't show emotions; I can't take another loss.
Safety paradox	Nothing can harm me.	The world is an unsafe place.
	I'm not afraid of death.	I never turn my back to anyone.
Silence paradox	No one understands what it is like.	I don't want to talk about it.
	I need to get this "out of my head."	I don't even know how to say or describe it.
Risk-taking paradox	Never take unnecessary risks (in combat).	When your time is up, it's up.
	It mattered over there.	Nothing matters here.
Life-meaning paradox	I appreciate the important things in life.	I can't let go of the little things.
	Enjoy life.	Why live? For what purpose?

Combat Veteran Paradoxes

Drawing Parallels between Military Concepts and Therapeutic Goals

What is a Parallel?

Something that is similar in comparison

Possible Components of a good Parallel:

- Metaphor: A term or phrase that is used to make a comparison between two things that aren't alike but have something in common.
- Analogy: A comparison between two like things, typically for the purpose of explanation or clarification.
- *Allegory*: Using storytelling and narrative to express an idea or teach a lesson.

Some other ways to think of parallels:

- Psychology: 'Re-Frame' a specific therapy technique for helping clients to see their situation in a new light or from a new perspective.
- Technology: 'Spin-Off' originally designed to support a specific purpose in a specific setting that was later discovered to have a generalized benefit outside the domain for which it was originally indented.
- Biology: 'Exaptation' a trait that is co-opted for a purpose other than that for which it had originally evolved.

Why Use a Parallel and When Is It Appropriate?

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- A parallel can be a way to reframe what the service member/veteran already knows in order to educate them about a psychological model
- Most parallels are not unique to combat experiences and are frequently common implicit cultural experiences
- If can be a way to normalize therapy for client and show your military cultural competence at same time. Ultimately, it can help build *trust.*

Before using a parallel...providers should ask themselves:

 Does the veteran/service member highlight their military experience as one based in positive or negative thoughts/beliefs/emotions? Most of the time you will get the details needed for you to make this assessment in the intake.

- Impact of 'Time Effect'- recently separated vs. separated 50 years ago

NOTE: The methodology of using military parallels to achieve more positive therapeutic outcomes is mainly anecdotal and has not been tested in research or empirically proven. However we can look to research that shows establishing a better therapeutic alliance leads to improved outcomes and also research in the efficacy of using metaphors in therapy as likely guides for this model.

←----- In next several sides you will see these footnotes to help understand the parallel ---->

Therapeutic Goal (TG):	(Focused goal of therapy that can be used in treatment planning)	Works Well With (WW):	(Proposed groups may be most effective with)
Core Parallel	(Summarizes parallel link)	Skill Level	1 (Basic Cultural Competence Skills Needed)
(CP):		(SL):	2 (Psychological theory/technique knowledge needed)

BRASS

BRASS is a simple technique used to teach rifle marksmanship in the USMC. It can be tailored to teach basic mindfulness and breathing skills.

BRASS Marksmanship Technique

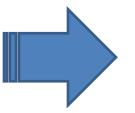
Breath- Control your breathing

Relax- Remove tension

Aim- Proper Sight Picture

Stop- Be still and pause naturally

Squeeze- Don't jerk shot/trigger



BRASS Mindfulness/ Breathing Technique

Breath- Control your breathing

Relax- Remove tension

Aim- Positive thoughts

Stop- Be still with yourself in a non-judgmental manner

Squeeze- Proceed/ Engage with poise, power, and peace

(Rabb, 2010)

TG:	Use marksmanship principles to teach importance of breathing	ww:	All Veterans & SM
CP:	Self Control as used in Marksmanship -> Mindful Breathing	SL:	1

PMCS

Preventive Maintenance Checks and Services (PMCS) are done in the military to maintain all types of equipment to keep it fully mission capable. Similarly, we can conduct preventive maintenance on ourselves in order to achieve a better sense of balance and improve our quality of life.

Equipment in the Military

had a Preventive Maintenance Schedule



We Need to also Perform Frequent PMCS on Ourselves

- Take a look at your actions and behaviors. Figure out what's working, what's not, and are you doing something about it?
- Work on developing your strengths while minimizing your weaknesses.
- Do your basic '10-level operator level checks' before, during, and after we engage in the daily tasks of life. Catch issues when they are small before they become catastrophic.
- Become a better version of yourself through balance and awareness of your thoughts/body/behavior (France, 2017)

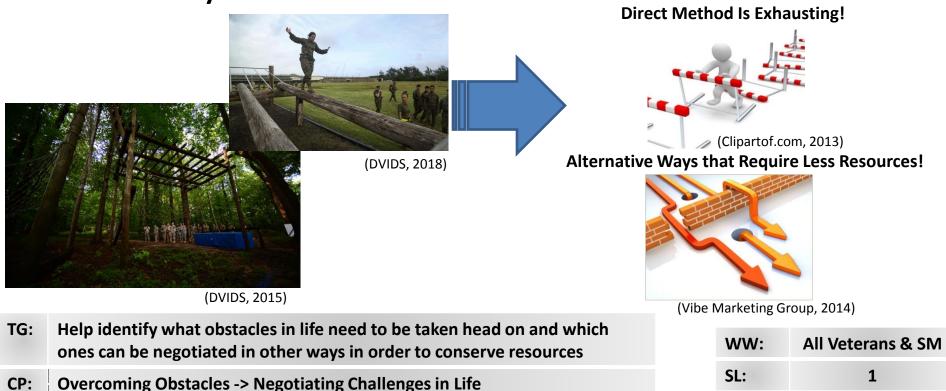
TG:	Achieve better balance in mind/body/behavior	ww:	All Veterans & SM
CP:	Pride seen in Maintenance of equipment -> Maintenance on Ourselves	SL:	1

Negotiating Obstacles

Negotiating an obstacle course is a confidence building task that most members of the military will do at some point in their career. These are challenging both physically and mentally in that you often have to confront your fears head on. However in civilian life, expending large amounts of physical and psychological resources on obstacles that do not pose a significant threat is counterproductive.

A Military Obstacle Course Can Only Be Negotiated One Way...Head On

Most Obstacles in Civilian Life Do Not Need to Be Taken Head On



Military Planning

The military has many different linear process that guide planning in order to achieve goals and mission success. The Operations Orders (OPORD) and Troop Leading Procedures (TLPs) are two examples. Many goal setting models have a very similar linear nature and can be easily paralleled.

Military Planning Models

Life Goal Setting Models

Troop Leading Procedures:

- 1. Receive Mission
- 2. Issue Warning Order
- 3. Make tentative plan
- 4. Initiate necessary movement
- 5. Conduct reconnaissance
- 6. Complete plan
- 7. Issue Orders
- 8. Supervise & refine
 - (FM 6-0, 2014)



SMART GOAL SETTING

A SMART goal is set using the following guidelines:

S pecific	Identifies a specific action or event that will take place.	
Measurable	Should be quantifiable (countable) so progress can be tracked.	
Achievable	Should be attainable and realistic given resources.	
Relevant	Should be personally meaningful.	
Time-Bound State the time period for accomplishing the goal.		
Adapted from Doran, 1981 (Doran, 1981)		

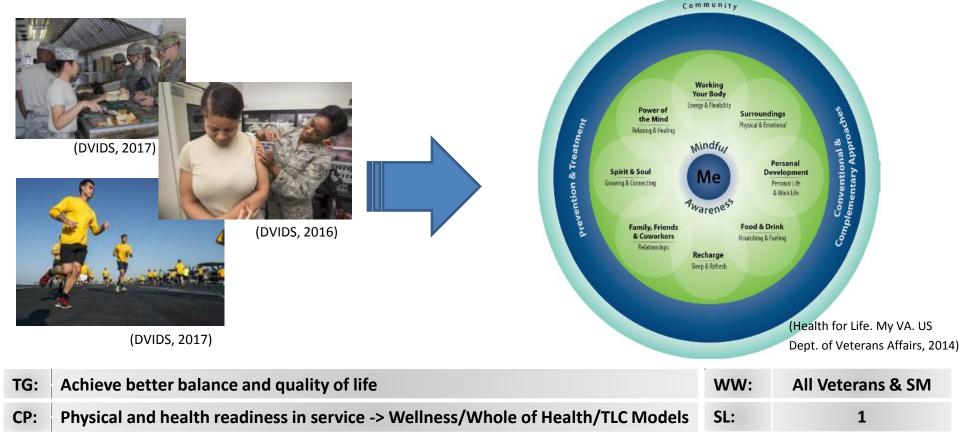
TG:	Help client identify and establish goals in their personal life.	WW:	All Veterans & SM
CP:	Military Planning-> Personal Goal Setting	SL:	1

Health & Wellness

In the military, personal wellness, especially physical fitness and health readiness are important components of daily life. Leveraging knowledge of these can be helpful in helping find a point of balance in life thru Whole of Health/Wellness/Therapeutic Lifestyle Change (TLC) techniques.

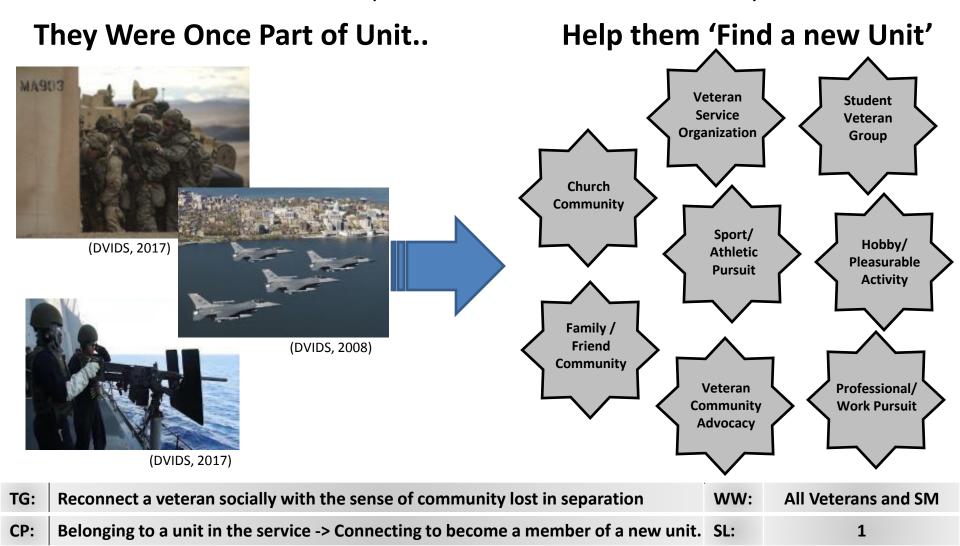
Physical and Health Readiness in Military

Whole of Health / Wellness/ Therapeutic Lifestyle Change Models



'I've Got Your Back'

A 'Shipmate/Battlebuddy/Wingman' is of critical importance in the service and a norm of the collective 'we' based culture. Upon separation, this bond is severed. However, it can be re-connected by encouraging the veteran to engage in parallel activities that help re-establish a sense of community.



Hard Skills vs. Soft Skills

Hard Skills are military job skills and sometimes can be translatable to civilian life. Soft Skills are also developed in the military but are not often what a veteran will immediately identify with as a key attribute. Help them leverage both skills in pursuit of vocational or educational goals.

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2.

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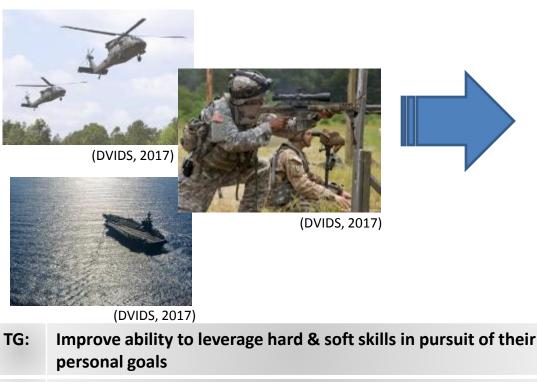
5.

6.

7.

8.

9.



CP: Hard Skills of Military Occupation -> Soft Skills to Use in vocational or educational goal setting

ww:	Veterans & SM who have recently transitioned		
SL:	1		

(Andersen and Rodriguez, 2015)

Prioritize and multi-tasking

Examples of Soft Skills

Teamwork

Leadership

Diplomacy

Efficiency

Communication skills

Time Management

Problem Solving

Effective Planning

Examples of Hard Skills

Positive Psychology

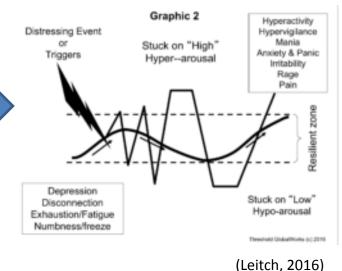
The tenants of positive psychology, particularly resilience, are currently instructed in the military to help service members obtain the mental, physical, emotional, spiritual and behavioral ability to face and cope with adversity, adapt to change, recover, learn and grow from setbacks. By leveraging this existing knowledge, you can explore further principles such as the social resilience model or post traumatic growth (PTG).

Current Resilience Training (US Army)

- Comprehensive Soldier
 & Family Fitness
 Program
- Assessment Tool (GAT)
- Master Resilience Trainer

(Reivich, Seligman, & McBride, 2011)





PTG Inventory

- Appreciation of life
- Relationships with others
- New possibilities in life
- Personal strength
- Spiritual change

TG:Leverage existing knowledge in resilience techniques to assist in further
psychoeducation in positive psychology models.WW:Veterans & SM who have
recently transitionedCP:Resilience Training in Military -> Neurobiological self-regulation skillsSL:2

⁽Tedeschi & Calhoun, 1995)

Personal Protective Equipment (PPE)

PPE protects your body from harm. Dialectical Behavior Therapy (DBT) exercises interpersonal effectiveness, emotion regulation, and distress tolerance to allow your mind to more effectively regulate negative affect.

PPE Protects Your Body

DBT Skills Protect Your Mind



(DVIDS, 2017)



- Assertiveness Skills
- Boundaries in Relationships
- Power Balances

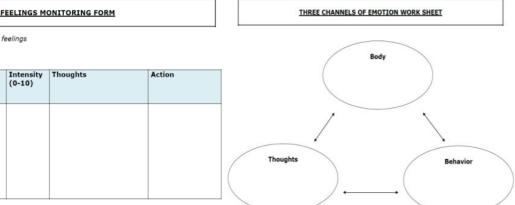
Build your awareness of your feelings

Feeling

Situation

- Effective ways of saying 'No'
- Conflict Resolution Models
- Pleasurable Activity Lists





(Skills Training in Affective and Interpersonal Regulation, US Dept. of Veterans Affairs, 2015)

TG:	Teach DBT Skills to protect from negative affect
CP:	PPE (Protect Body) -> DBT (Protect Mind)

ww:	All Veterans & SM
SL:	2

Military Values

A therapist can channel a veteran's existing knowledge of military values to increase motivation within the therapeutic process. Dialectical Behavior Therapy (DBT) has extensive value-based skills.

Navy Core Values

USMC Core Values

USCG Core Values

Honor

Honor

Courage

Courage

Commitment

Commitment

Service Values

Army Values

Loyalty

Duty

Respect

Selfless service

Honor

Integrity

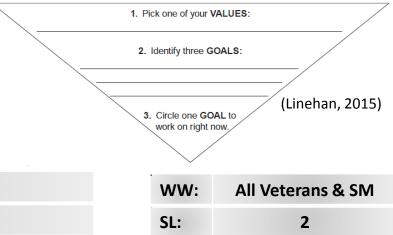
Personal Courage

Air Force Core Values

Integrity FirstHonorService Before SelfRespectExcellence in All We DoDevotion to Duty

What Are Values? Values are things that really

- Values are things that really matter.
- Values are not goals or outcomes but can contribute to achieving them.
- Values are not in the future. They are a way of living in the present.
- Values can change over time.



TG:Incorporate clients military values into treatment plan goalsCP:Military Values -> DBT Personal Values/Goals Work

After Action Reviews (AARs)

The military conducts AARs after any mission as a way to capture what occurred so lessons learned can be applied in the future and mistakes can be avoided. This process is very similar to the commonly used A-B-C worksheets of many Cognitive Behavioral Style therapies.

Activating **Belief** Consequence Event What Happened? В C Α Why Did it Happen? "Something "I tell myself "I Feel How can I sustain Happens" something" Something" strengths and improve from noted weaknesses Are my thoughts in 'B' Realistic? next time it occurs? What can you tell yourself on such (FM 7-0, 2016) occasions in the future?

Help veteran ID negative beliefs through understanding relationship between thoughts and feelings

CP: AAR Process of Reviewing Missions -> ABC Worksheet to ID Link Between Thoughts & Feelings

Military AAR Format

TG:

WW:

SI:

All Veterans & SM

2

(Resick, Monson, & Chard, 2014)

A-B-C Worksheet

Sensitive Items

Sensitive items are pieces of equipment that require special security and/or storage procedures to prevent their loss or theft. These are locked in a secure container or arms room that can be opened only by authorized individuals. In EMDR therapy, the container exercise is a technique that allows the client to stabilize and cope with negative affect.

Sensitive Items Are Secured In a Certain Way in the Military



Secure Disturbing Thoughts, Beliefs, or Images in a Secure Container of Your Choosing to be Opened Only When You Desire

Basic EMDR Container 'Script'

- 1. Construct the container
- 2. Deepen the container
- 3. Fill the container
- 4. Close the Container
- 5. Test the Container

TG:			
	thoughts and feelings	WW:	All Veterans & SM
CP:	Sensitive Item Containers/Arms Room -> EMDR Container Exercise	SL:	2

⁽Shapiro, 2001)

Heuristics

A heuristic is a mental shortcut that helps make decisions quickly. Service members learn various mental heuristics to help reduce complex tasks to basic muscle memory. These can later create obstacles in civilian life where most decisions do not need to be made at a moments notice. Cognitive Processing Therapy (CPT) can (Schaubel, 2017) challenge thinking methods driven by heuristics.

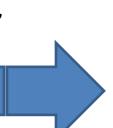
Heuristics Help a Service Member Survive in Combat

- Heuristics that are taught to service members involve: Power, self-control, personal responsibility, and autonomy (Schaubel, 2017)

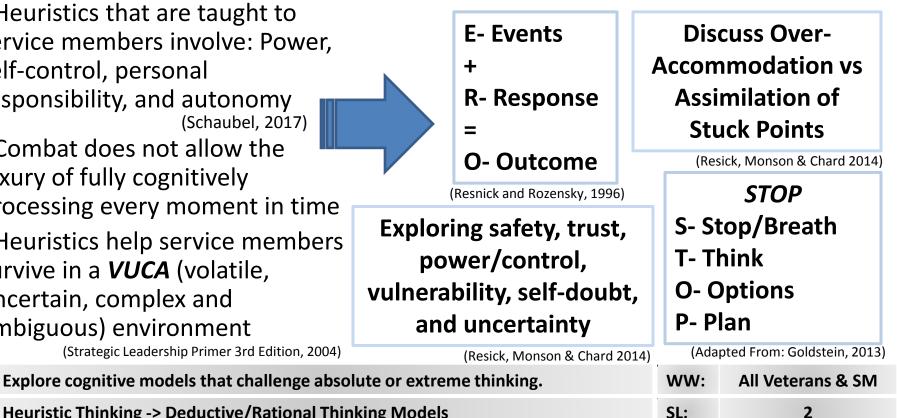
- Combat does not allow the luxury of fully cognitively processing every moment in time

- Heuristics help service members survive in a **VUCA** (volatile, uncertain, complex and ambiguous) environment (Strategic Leadership Primer 3rd Edition, 2004)

TG:



Explore Possible Models That Challenge Heuristic Thinking



CP: Heuristic Thinking -> Deductive/Rational Thinking Models

Moral Injury

Perceived transgression that goes against individual or shared moral expectations. Shattered identify and sense of betrayal with a visceral impact. (Maguen & Litz, 2016) Moral Justification for Killing in War Possible Ways to Heal

- Professionals of arms are entrusted to defend the innocent by using force
- Every act of killing is a very serious, permanent action that requires moral justification
- We kill only those who, by their own rights-threatening actions, have temporarily forfeited their own right not to be killed
- Killing someone, even justifiably, is upsetting at some level. That's normal and healthy. If the killing is morally unjustified, the psychological impact will likely be much greater.

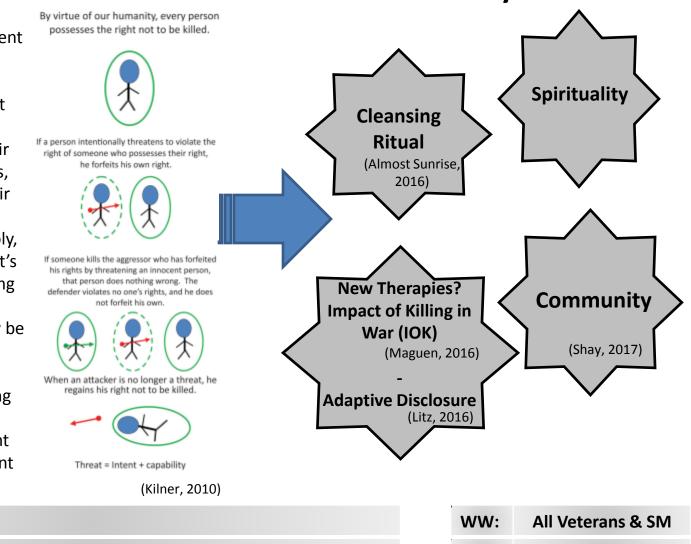
This is often complicated by:

TG:

- Many shades of grey that killing in war normally takes on
- Confusing Rules of Engagement
- How to determine hostile intent

Address moral injury

(Kilner, 2010)



SL:

2

CP: Moral Justification for Killing In War -> Possible Ways to Heal

Other Points of Research If You Are Interested in Parallels

- Philosophy
 - Stoicism
- Psychology and War
 - Michael Matthews: Headstrong How Psychology is Revolutionizing War
- Civil Military Divide/Gap
 - Kori Schake & Jim Mattis: Warriors & Citizens American Views of Our Military
 - Karl Marlantes: What It Is Like to Got to War
- Importance of Community in Healing
 - Sebastian Junger: Tribe On Homecoming and Belonging
 - Joseph Bobrow: Waking up from War
- Moral Injury
 - Jonathan Shay: Achilles in Vietnam: Combat Trauma and the Undoing of Character
 - Nancy Sherman: Afterwar Healing with Moral Wounds of Our Soldiers
 - Brett Litz, Leslie Lebowitz, Matt Gray, and William Nash: Adaptive Disclosure

PERSONAL ATTRIBUTES TO LEVERAGE IN CULTURALLY COMPETENT THERAPY

Attributes to Have...

Honesty

- Explore your own assumptions toward military culture
- Use facts, "Deal in Real", "BLUF"
- Express confidentiality limits up front

Respect

- Assess what service member/ veteran's service experience was; If appropriate, thank them for their service if appropriate
- Be mindful & curious about details of military service; ask respectful questions
- Let the service member/veteran tell you their story when they are ready and respect their process

Awareness

- Identify risk & resilience factors
- Recognize transitional & reintegration challenges; Focus at potential psychosocial stressors
- Have a detailed *intake* form you can use to capture a full psychosocial and military history
- Have implicit and explicit knowledge in military cultural competency

Flexibility

- Have flexible hours
- Integrate family, caregivers, or friends into treatment if service member/ veteran approves
- Consider having a veteran on your staff or a channel to harness peer support

(Andersen and Rodriguez, 2015)

.....and Others to Avoid

<u>DON'T</u>

- Ask when you first meet a veteran: 'Did your friends die?' or 'Did you see people die?' or 'Did you kill anyone?' or 'How was it over there?'
- Assume every service members trauma may come from active combat
- Make assumptions about one's military career; Remember that the service member is the expert in their own military career; Some may not even define themselves as a veteran
- Provide Poor Customer Service
- Have an Attitude
- Use cookie cutter treatment plans
- Enter into political discussions

(Andersen and Rodriguez, 2015)

Key "Take-aways"

- A provider must have a solid grasp of implicit components of military cultural competency
- Having culturally-appropriate approaches that parallel concepts clients are already familiar with can provide true 'cultural opportunities' for providers to focus on a client's cultural identity when integrated into treatment planning
- There are several key personal attributes a culturally-competent therapist should exhibit and others they should refrain from
- A solid format for conducting a culturally-competent intake is critical

References & Citations

- Andersen, R. & Rodriguez, A. (2015, August). Working with those who have Served? Learn Best Practices. Symposium conducted at the meeting of the Veterans Mental Health Coalition, New York, NY.
- Castro, C., Krintzle, S., & Hassan, A. (2015). The Combat Veteran Paradox: Paradoxes and dilemmas encountered with reintegrating combat veterans and the agencies that support them. Traumatology, 21 (3), 299-310.
- Colllins, M (Producer) and Syjuco, M (Producer) & Collins, M (Director). 2016. Almost Sunrise (Motion Picture). USA: Tom Voss & Anthony Anderson
- Defense Video Imagery Distribution System (2017). Retrieved from https://www.dvidshub.net/
- Doran, G. T. (1981). There's a S.M.A.R.T. way to write management's goals and objectives. Management Review, 70, 35.
- France, D. (2017, March 30). 3 Reasons For Veterans To See A Mental Health Counselor...And Its Not What You Think [Web Log Post]. Retrieved from http://veteranmentalhealth. com/2017/03/30/3-reasons-for-veterans-to-see-a-mental-health- counselorand-its-not-whatyouthink/?utm_source=feedburner&utm_medium=email&utm_ campaign=Feed%3A+veteranmentalhealth+%28Head+Space+and+Timing%29
- FM 6-0. (2014). Commander and Staff Organization and Operations. Washington, DC: Department of the Army.
- FM 7-0. (2016). Train to Win in a Complex World. Washington, DC: Department of the Army,
- Gerras, Stephen J., editor. (2010) "Strategic Leadership Primer," 3rd edition. Carlisle Barracks, PA: USAWC Department of Command, Leadership, and Management.
- Goldstein, E. (2013). The Now Effect: How a Mindful Moment Can Change the Rest of Your Life. New York: Atria Books.

References & Citations

Leitch, L. (2017, January 5). Re: Individual and Institutional Resilience: Start the New Year Right, Threshold Globalworks Blog. Retrieved from https://www.thresholdglobalworks.com/2017individual-institutional-resilience-start-new-year-right/

Linehan, M. (2015) DBT Skills Training Manual. New York: The Guilford Press.

Kilner, P. (2010). A Moral Justification for Killing in War. Army, 55-60.

List, L., Lebowitz, L., Gray, M., & Nash, W. (2016). Adaptive Disclosure. New York: The Guilford Press.

- Maguen, S. & Litz, B. (2016) Moral Injury in the Context of War. National Center for PTSD. Retrieved from https://www.ptsd.va.gov/professional/co-occurring/moral_injury_at_war.asp
- Rabb, D. (2010). Cultural Competency: Iraq and Afghanistan Veterans. Coming Home Project Training. Retrieved from http://cominghomeproject.net/chp_training-videos
- Reivich, K., Seligman, M., & McBride, S. (2011). Master Resilience Training in the U.S. Army. American Psychologist, 66 (1), 25-34.
- Resnick, R. and Rozensky, R. (1996). Health Psychology Through the Life Span: Practice and Research Opportunities. Washington, DC: American Psychological Association (APA)
- Resick, P., Monson, C., & Chard, K. (2014). Cognitive Processing Therapy Veteran/Military Version: Therapist Manual. Washington, DC: US Dept. of Veterans Affairs
- SAMHSA Handbook. (2010). Understanding the Military the Institution, the Culture, the People. Washington DC: SAMHSA. Retrieved from https://www.samhsa.gov/sites/default/files/military_white_paper_final.pdf

References & Citations

- Schaubel, S. (2017). Heuristic Bias in Cognitive Processing of Everyday Life: A Military Perspective on Post deployment. The Military Psychologist, 32 (1), 15-17.
- Shapiro, F. (2001). Eye Movement Desensitization and Reprocessing, Second Edition. New York: The Guilford Press.
- Shay, J. (2017, February). A Warrior Ethos: Ancient and Modern. Symposium conducted at the Roosevelt House Public Policy Institute at Hunter College, New York.
- Snider, Don. "The Multiple Identities of the Professional Army Officer," in *The Future of the Army Profession*, 2nd ed., Don Snider and ed. Lloyd Matthews (New York, McGraw-Hill, 2005): 139-146.
- Sue, D.W., & Sue, D. (2008). Counseling the Culturally Diverse, Fifth Edition. Hoboken, NJ: John Wiley & Sons, Inc.
- Tedeschi R. G., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. Journal of Traumatic Stress, 9, 455–471.
- US Dept. of Veterans Affairs. (2015). Skills Training in Affective and Interpersonal Regulation (STAIR) Retrieved from http://www.ptsd.va.gov/professional /continuing_ed/STAIR_online_training.asp
- US Dept. of Veterans Affairs. (2014). Health for Life. Retrieved from https://www.va.gov/patientcenteredcare/
- Walter Reed Army Institute of Research. (2005). BattleMind Training 1 Training Module Transitioning from Combat to Home.

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Questions / Comments ??

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