Narrative and Peer-to-Peer Approaches in Counseling Military and Veterans

Alcoholism and Substance Abuse Providers of New York State (ASAP)
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Presenters:
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Agenda

1. Welcome/Introductions
2. Military Culture & Treatment Considerations
3. Narrative Approaches in Counseling
4. Narrative Techniques Demonstrations
5. Peer-to-Peer Approaches & Examples
6. Summary
7. Wrap Up
Welcome

Thank you for coming.

Presenter Information
• Personal, professional, & occupational interest in military populations

Audience Information
• Who is here with us today? Veterans? Military Dependents? Practitioners?
Military Culture

- Military **Language and Terminology**
- **Clinicians' experiences** with the military shape their perception of the population (e.g. personal, media, etc.)
- Military culture **exists on several levels**: individual, family, institution
- Military/veterans **culture varies** by: combat era, branch of service, rank, MOS, type of service (e.g., active, Reserve, Guard, Veteran, etc.)
- May include other **multicultural components**: age, race, gender, religious, sexual orientation, etc.
- Discipline, professional ethos, ceremonies & etiquette, and esprit de corps & cohesion (Lynn Hall)
Military Values = engrained culture

Army Warrior Ethos
I will always place the mission first.
I will never accept defeat.
I will never quit.
I will never leave a fallen comrade.

The Army Values: Loyalty, Duty, Respect, Selfless Service, Honor, Integrity, Personal Courage

“It guides Marines to remain faithful to the mission at hand, to each other, to the Corps and to country, no matter what. Becoming a Marine is a transformation that cannot be undone, and Semper Fidelis is a permanent reminder of that. Once made, a Marine will forever live by the ethics and values of the Corps.”

Marine Corps Values: Honor, Courage, Commitment, Ductus Exemplo (Lead by Example)
Share elements of **individual** military culture:
- Discipline
- Pride
- Ceremony/Etiquette
- Helping others/Service
- Cohesion/Esprit de Corps
- Strength, including inability to show weakness

Shared elements of **family** military culture:
- Flexibility
- Resiliency
- Shared responsibility
- Readiness
- Role-reversal/role-exchange, including role-conflict & role-ambiguity

How might these characteristics be both strengths and weaknesses for those seeking/need services?
Treatment Planning Considerations

Some experience:
- Unemployment or underemployment
- Homelessness
- Family/Child/Spouse Issues
- Addiction
- Suicide
- PTSD (and TBI)
- Other mental illness

Many experience:
- Stigma of mental illness
- Separation, Reunion, and Reintegration
- Deployment & Redeployment
- Potential for isolation

Questions or comments on Military Culture?
Narrative Therapy

• Primarily credited to Michael White and David Epston
• Shares commonalities with humanistic, existential, solution-oriented, focuses, as well as other philosophies
• Creation of personal narratives; constructing meaning through experiences, create narratives that connect these experiences; interwoven with social narratives
• Therapy is a collaborative effort to re-author the story; find new meaning in the events; tell them from various angles.
• Movement from a ‘thin description’ (one story = one outcome) to a ‘thick description’ (multiple stories/outcomes)
• Externalizing the problem; client is not the problem, the problem is the problem; envision problem as separate
“Can we facilitate posttraumatic growth in combat veterans?”
Tedeschi & McNally, 2011

• Not just treatment, but growth; resiliency training (Comprehensive Soldier Fitness program).

Five Parts:
1. Understanding trauma as precursor to posttraumatic growth
2. Emotional regulation enhancement
3. Constructive self-disclosure
4. Creating a trauma narrative with posttraumatic growth domains*
5. Developing life principles that are robust to challenges
Narrative Therapy

• Used in all counseling settings: personal, social, career
• Limitations: cognitive approach; requires intellect, communication
• Communication formats may vary (e.g. spoken, written, creative arts, etc.)
• Developing interest in narrative techniques
• Sample narrative techniques:
  • Dr. Pamelia Brott, Virginia Tech, “Storied Approach”
  • Constructivist approaches to career counseling & career assessments (2004)
    • Life Line
    • Card sorts

Questions or comments on Narrative Therapy?
Peer to Peer

• Peer to peer counseling model not new: PROS programs, parent modeling, etc.
• Veterans groups not necessarily peer-to-peer *counseling*; include peer-to-peer: Support groups, 1:1 Mentoring, Social support, & Writing groups
• Limited empirical data on these programs
• Research out of the VA reporting positive outcomes
• Success in small numbers
• Highlight VA program, some examples in our area and NY
• Value in connecting veterans in recovery to other veteran programs and activities, *if* veteran identifies with military culture
Veterans Affairs (VA) Peer Specialist (http://www.vacareers.va.gov/peer-to-peer/)

- Mental health focus
- Peer Specialist (PS): mental health and/or co-occurring condition; trained and certified, identify and achieve specific life & recovery goals
- PS actively engaged in his/her own recovery, and volunteers or is hired to provide peer support services
- Peer Support Apprentice meets all of the requirements of Peer Support Specialists, except they are not certified.
- Also help Veterans identify the tools and resources
- Executive order for VA to hire 800 peer specialists by the end of 2013
Local/Suffolk Area Peer-to-Peer Programs

- **Suffolk County United Veterans - Joseph P. Dwyer Peer Support Project:** Bring together five to 10 veterans at a time led by “peer facilitators” — fellow veterans trained to spot issues and suggest approaches; not designed to replace traditional mental health treatment. Vet-to-Vet program: http://www.vet2vetusa.org

http://www.mentalhealthandwellness.org/scuv/

- **Boots on the Ground:** Services - PTSD Support Groups (men's & women's groups), Caregivers Group, Veterans 12 Step Group, Peer Support, Holistic Healing, PT (Physical Training), Veterans Activity Center (VAC), Food Pantry, Care Packages, Emphasizes purpose, belonging, support http://www.bootsonthegroundny.com/
Other NY Peer-to-Peer Programs

• **CompeerCORPS (Rochester):** peer mentoring organization: Added vet-to-vet mentoring; Goals: Foster a positive return to civilian life, Broadened interests and hobbies, Create a spirit of service to the community, Bridge generational gaps among Veteran eras, Encourage overall wellness; [http://compeerrochester.org/compeercorps](http://compeerrochester.org/compeercorps)

• **Syracuse Veterans’ Writers Group:** Open to all veterans and their supporters; Focus on writing nonfiction accounts or "true stories" of life in and out of the military; Different purposes for veterans: process difficult/traumatic experiences, want others to know what they experienced, for historical purposes, etc. [http://wrt.syr.edu/syrvetwriters](http://wrt.syr.edu/syrvetwriters) Video “An Open Letter to My Boots” [https://www.youtube.com/watch?v=lo5Jj-GwAVU](https://www.youtube.com/watch?v=lo5Jj-GwAVU)
Primary Benefits of Narrative & Peer to Peer Approaches

1. Reducing stigma by normalizing concerns
2. Reducing isolation by increasing connections
3. Increasing access to support by utilizing community-based resources


Other Techniques

“Providing Counseling Support to Veterans and their Families”
David Fennell, PhD, USAF Col (Ret), ACA Presentation

• “Counselor as Student” – soldier is teaching you; soldiers are used to leading
• Learning without therapy-izing, non-threatening
• Normalize symptoms: “normal reaction to abnormal circumstances”

Also:
• Grief techniques – may mourn for others, self, role/soldier combat; pride; sacrifice
• Trauma-focused strategies
Summary

• Importance of understanding military culture
• Awareness of therapeutic needs
• Provide opportunities to share their story: Narrative approaches may supplement other strategies; build rapport
• Seek out Peer-to-Peer Veterans programs
• Support Services for Veterans
  • In person vs. online
  • National, State, Community, Local
  • Veterans Benefits, if applicable
  • At-risk veterans (e.g. comorbidity, criminal justice system, etc.)
Wrap Up

• Questions, comments, feedback?
• Brainstorming session
• What are your go-to resources for working with veterans/military?
  • Veterans’ resources?
  • Counselors’ resources?
  • Other theoretical approaches?

Reference list provided for other literature.
Contact Information

Thank you for coming!

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