













Faces of women in uniform



Returning Veterans OIF/OEF

- Returning Veterans often resume their job.
- Other Veterans may start a new job after discharge.
- Veterans make very good workers because of their military training. They learn skills in leadership, teamwork, and performance under pressure.
- Military experience fosters respect for procedures. Veterans are not afraid to tackle tough problems.
- However, Veterans all go through some readjustment after they get back from a war zone. Employers can benefit from understanding their employees' needs and rights. Informed employers can help make the process smoother for both the returnee and the workplace.

Readjustment

- Families experience many difficulties and readjustment struggles preparing for, enduring, and the return from deployment.
- Children are a year older. Spouse has taken on two roles. And Mom or Dad are a little different.
- The family now has to adjust to not only the presence of the returned veteran, but the disabilities as well.
- The veteran is adjusting to being home and having a disability, or multiple disabilities.

Oregon Veteran Stats

- 42,271 Age 20-39
- 117,310 Age 40-59
- 86,188 Age 60-74
- 17,713 Female Vet's Age 20-59

<http://www1.va.gov/VETDATA/Demographics/Demographics.asp>

- 10,192 Age 18-44 Multnomah County
- 22,313 Age 45-64 Multnomah County
- 6,017 Age 17-44 Clackamas County
- 16,281 Age 45-64 Clackamas County
- 8,726 Age 17-44 Clark County (38,691_{total})

272,625 Predicted Veteran Number State
Wide Sept. 30th, 2020

<http://www1.va.gov/VETDATA/Demographics/Demographics.asp>

Combat Wounds

	<u>OIF/OEF</u>	<u>RVN</u>
• Thoracic injury	5.9%	13.4%
• Head & Neck Region	30%	16%
• Gunshot wounds	19%	35%
• Explosion Related	81%	65%

88% of TBI injuries related to exposure to explosions

TBI increases risk for depression, psychosocial problems, subtle neurologic & neuropsychological deficits

<http://www.ptsd.va.gov/professional/newsletters/research-quarterly/V21N1.pdf>

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Oct 2001 - Jan 2006

VA Polytrauma Rehab Center reports:

- 97% TBI
- Of those, 35% PTSD, 36% Depression
- 100% Pain issues
- Of those, 52% headache
48% musculoskeletal
 - 14% neuropathic
 - 23% other

<http://www.ptsd.va.gov/professional/newsletters/research-quarterly/V21N1.pdf>

Returning Veterans and Employment

- ✓ Dedicated
- ✓ Attention to Detail
- ✓ Motivated
- ✓ Resilient
- ✓ Courageous
- ✓ Think under pressure
- ✓ Good with solving problems
- ✓ Use to a Chain of Command and respect it
- ✓ Comfortable with structure
- ✓ Pride in their work
- ✓ Drawn to responsibility
- ✓ Drawn to challenge
- ✓ High standards for self and others
- ✓ Assertive

Some Challenges . . .

- ✓ Difficulty translating military language to civilian.
- ✓ Can feel like *demotion* compared to responsibilities in country.
- ✓ Work may become boring, monotonous.
- ✓ Difficulty tolerating perceived laziness and lack of follow through.
- ✓ Role of chronic pain on mobility, focus, and sleep.
- ✓ Invisible wounds . . .
- ✓ Family returning to normal.

You Can . . .

- Support our veterans appts. Allow for the time needed as reasonable.
- Communicate. Provide feedback, both positive and negative re: performance and any concerns as well as strengths. BE CLEAR.DIRECT. SPECIFIC
- Don't pry! Be supportive and build trust.
- Ask about their responsibilities in the military.

- Give the veteran as much input as reasonable where they feel comfortable within the work area.
- Respect the boundaries the vet may make without judgment.
- For disciplinarian action or corrective action, mandate the veteran seeks assistance for allotted time frame with the VA.
- Articulate to the veteran you support them and their return home. This can go a long way.

Also,

- No matter what your political or religious view, expressed gratitude can go a long way.
- Have knowledge of basic resources or someone who does.
- Watch for extreme changes in mood.
- Build trust! But do not try to relate to their experiences in country unless you truly know. Let them know they can rely on you and follow through.
- Assist with realistic goals/expectations.
- Our men and woman veterans are familiar to structure. Part of readjustment is the absence of structure.
- Be honest, be yourself and be respectful. Perceived disrespect is a big trigger for many returning veterans.

Current existing resources. . .

- The Vet Center, RCS
 - ✓ individual counseling
 - ✓ group counseling
 - ✓ marital and family counseling
 - ✓ bereavement counseling
 - ✓ medical referrals
 - ✓ assistance in applying for VA Benefits
 - ✓ employment counseling
 - ✓ guidance and referral
 - ✓ alcohol/drug assessments
 - ✓ information and referral to community resources
 - ✓ military sexual trauma counseling & referral
 - ✓ outreach and community education

Returning Veterans Project

- Services by community members offering pro-bono for returning veterans (OIF/OEF Only) AND their families:
 - ✓ Mental Health
 - ✓ Massage
 - ✓ Acupuncture
 - ✓ Chiropractic
 - ✓ Naturopathic
- Website has links to plethora of information for veterans and their families
- www.returningveterans.org

VA Medical Center, Vancouver Washington

- ✓ Mental health for veterans of any era
- ✓ SATP (Substance Abuse Treatment Program)
- ✓ Dialectical Behavior Therapy, DBT
- ✓ Individual treatment
- ✓ Group treatment
- ✓ Family Counseling
- ✓ Temporary Lodging Unit, TLU
- ✓ Single Room Occupancy Housing, SRO
- ✓ Long-term care
- ✓ Short-term physical therapy
- ✓ Primary Care Physician
- ✓ Other medical needs

VA Medical Center, Portland Oregon

- ✓ Mental health
- ✓ Intensive Psychiatric Preventative Care
- ✓ Case Management
- ✓ Medical/dental benefits
- ✓ Pharmaceutical needs
- ✓ Inpatient mental health/medical needs
- ✓ SATP women's specific group

Contracted with. . .

- Columbia River Mental Health for residential tx

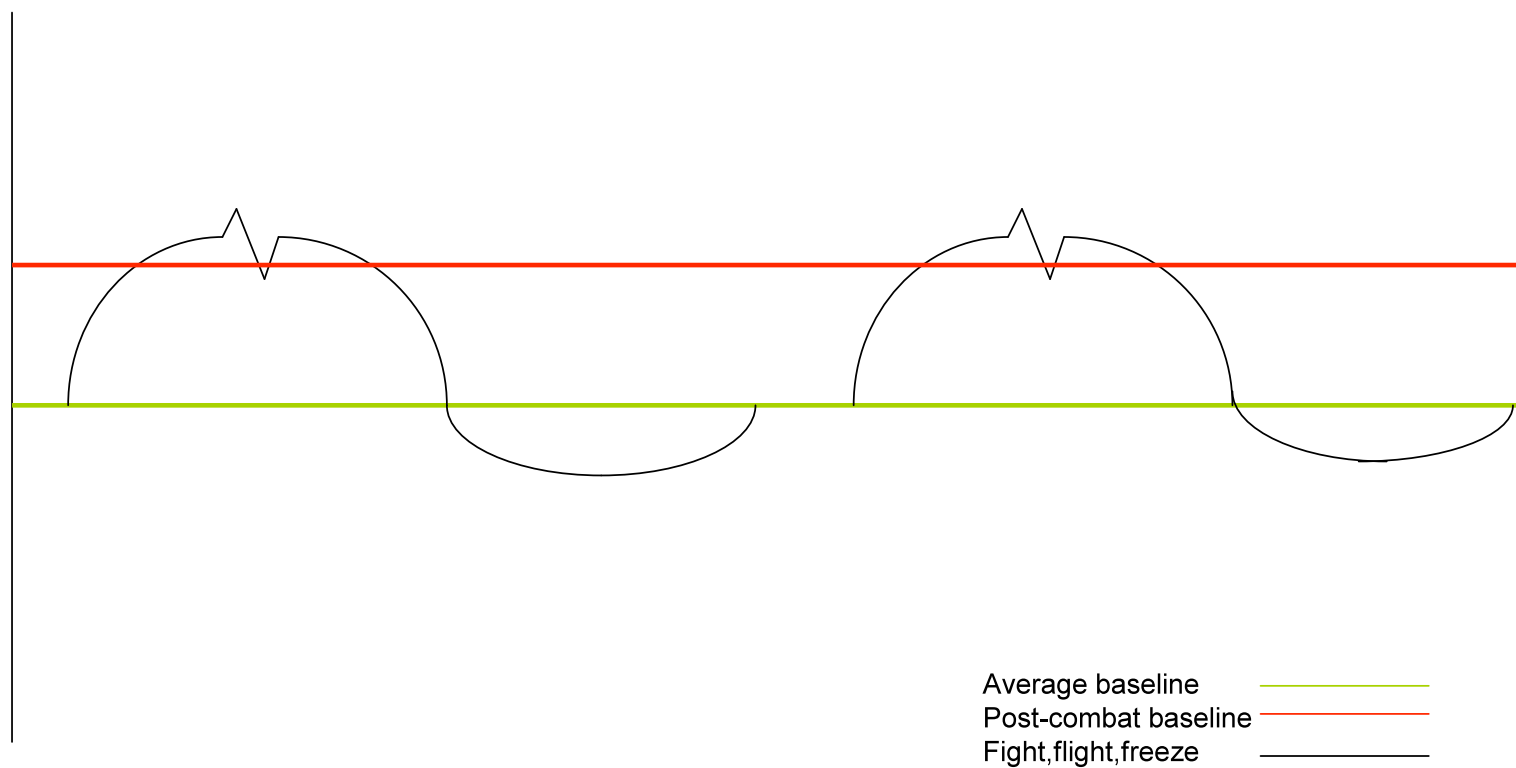
Readjustment and Academia

- Wanting to hurry through, too many credits.
- Ambivalent/resistant towards registering with Students with Disabilities.
- Difficulty requesting assistance.
- Self critical. *Success or failure.*
- Disorganized.
- Distractible

Continued . . .

- Relational difficulties
- Compromised tolerance for others
- Non-verbal communication. Unconscious aggressive posture.
- Sensitive towards political paradigms.
- Limited self care – multiple/heightened sense of obligation/responsibility fulfillment.
- Compromised sleep pattern
- Medical Appts.
- Chronic Pain

The combat related trauma model



Presenting issues for OIF/OEF veterans. . .

- Depression
- Anxiety
- Low frustration tolerance
- Suicidal and homicidal ideation
- Aggressive behaviors i.e. road rage
- Compromised relational strategies
- Question authority
- Anger
- Shame
- Guilt
- Feelings of estrangement
- Isolation
- Self-sabotaging behaviors
- Poly substance abuse
- Legal issues
- Unemployment
- Multiple jobs
- Nomadic lifestyle
- Self-reliance
- Isolative employment like technology/internet

TBI

- Neurological symptoms
 - headache, dizziness, fatigue, noise/light intolerant, insomnia
 - Compromised attention span, memory retention, judgment
 - Irritability, depression, mood lability
 - Compromised sleep pattern

Parallels of PTSD and TBI

- Social withdrawal
- Memory gaps
- Apathy
- Irritability
- Insomnia
- Poor concentration
- Anxiety
- Difficult making decisions
- Mental slowness
- Headaches
- Changes in Appetite

Treatment barriers for OIF/OEF veterans. . .

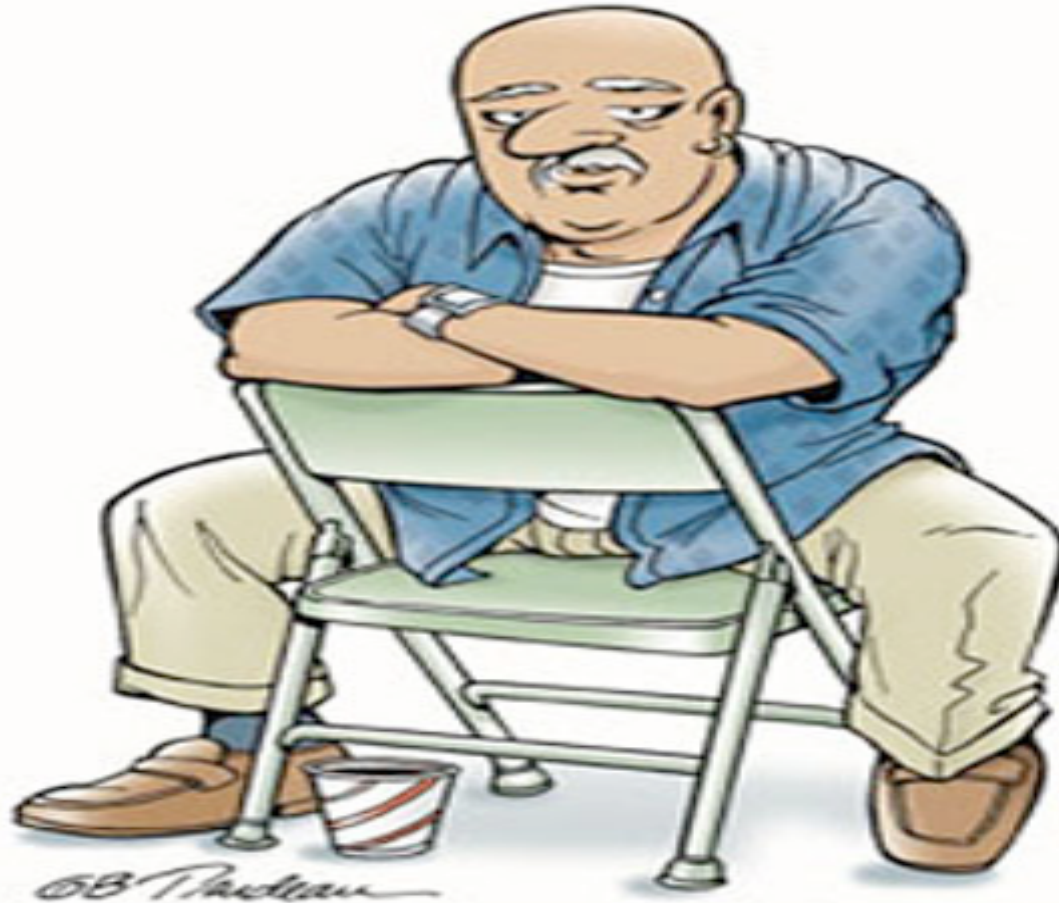
- ✓ Perceived personal sense of weakness for accessing mental health services
- ✓ Fear of comrades learning veteran is accessing mental health services
- ✓ Stigma associated with accessing mental health services
- ✓ Stigma associated with accessing VA services
- ✓ Difficulty remembering appointments
- ✓ Continuous participation in treatment
- ✓ Lack of awareness of service options
- ✓ Rational that if veteran accesses services, another veteran can not – “Robbing Peter to save Paul”
- ✓ Veteran feels he/she does not have issues post-deployment
- ✓ Inability to access services due to financial strain, child care, residence location

Barriers continued. . .

- ✓ Times offered for services
- ✓ Fear of monetary reprisal for symptom improvement
- ✓ Perceived clinical/social expectation of combat illness

Thanks. . .

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Walden Vet Center Counselor