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

<table>
<thead>
<tr>
<th></th>
<th>OIF/OEF</th>
<th>RVN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thoracic injury</td>
<td>5.9%</td>
<td>13.4%</td>
</tr>
<tr>
<td>Head &amp; Neck Region</td>
<td>30%</td>
<td>16%</td>
</tr>
<tr>
<td>Gunshot wounds</td>
<td>19%</td>
<td>35%</td>
</tr>
<tr>
<td>Explosion Related</td>
<td>81%</td>
<td>65%</td>
</tr>
</tbody>
</table>

88% of TBI injuries related to exposure to explosions

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

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

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](http://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.
- Distractable
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

Average baseline
Post-combat baseline
Fight, flight, freeze
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-reliancy
- 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...