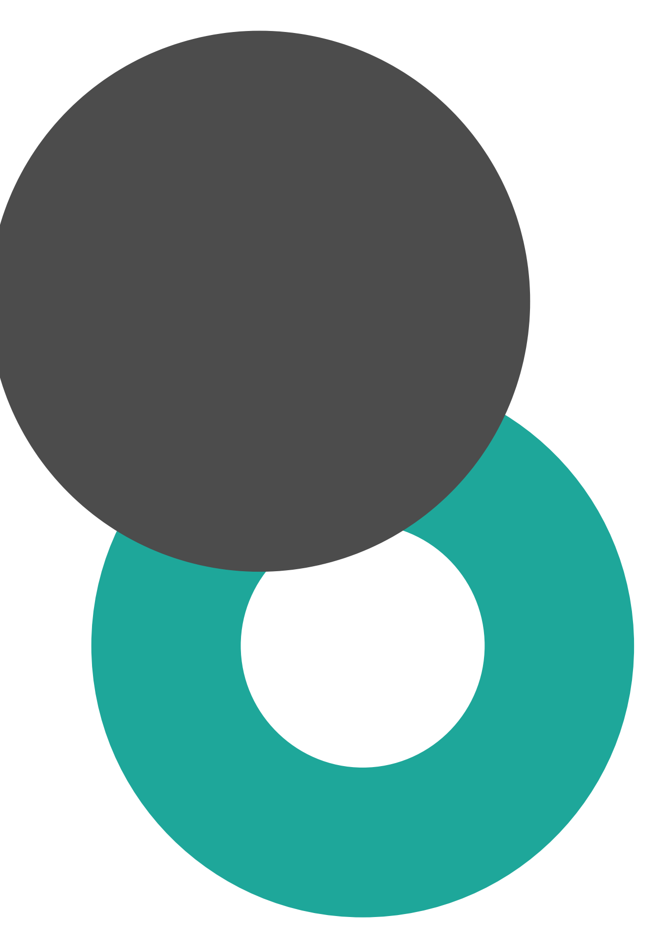
# Community Education Series

The Recovery Village and Advanced Recovery Systems



**Presentation Topic:**

Basic Training:
Professional Overview of Military Culture For Mental Health Providers

**Speaker:**

Timothy Wienecke, MA, LPC, LAC

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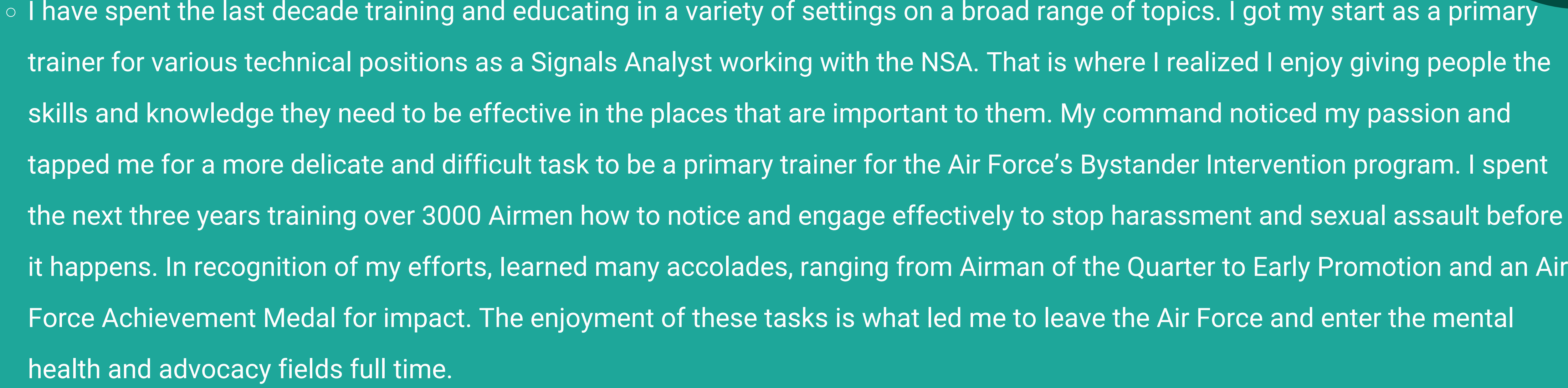
# About the Speaker:

## Timothy Wienecke

MA, LPC, LAC



- I have spent the last decade training and educating in a variety of settings on a broad range of topics. I got my start as a primary trainer for various technical positions as a Signals Analyst working with the NSA. That is where I realized I enjoy giving people the skills and knowledge they need to be effective in the places that are important to them. My command noticed my passion and tapped me for a more delicate and difficult task to be a primary trainer for the Air Force's Bystander Intervention program. I spent the next three years training over 3000 Airmen how to notice and engage effectively to stop harassment and sexual assault before it happens. In recognition of my efforts, learned many accolades, ranging from Airman of the Quarter to Early Promotion and an Air Force Achievement Medal for impact. The enjoyment of these tasks is what led me to leave the Air Force and enter the mental health and advocacy fields full time.
- After leaving the military, I became employed as a peer educator for the Auraria Campus and the facilitator to launch Colorado University at Denver's Peer Advocates for Veteran Education program. I took the skills gained in the military and learned how to connect with traditional college students, university staff, and the business community. I taught and developed curriculum for time management, communication skills, genderdynamics, by stander intervention, cross cultural communication, military culture, and many other topics over my three years in those positions. Again, people took note of my passion, skill, and effort; naming me the Feminist Ally of the Year, awarded a Life Time Achievement Award by the Phoenix Center at Auraria, and I left the campus as the Outstanding Graduate of the CU Counseling program.
- Since leaving the Auraria campus, I have jumped into the greater Denver community to continue empowering people with the skills, knowledge, and drive to move themselves and their organizations toward their goals. I have trained Fire Fighters how to maintain focus and cope with the trauma they see in the world, taught clinicians the knowledge needed to serve men and the veteran community, and helped corporate employees focus in and communicate to complete their goals as a team.

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# Staff Sergeant Wienecke & Tim’s Experience

- Active Duty Air Force for Five Years
  - Served as an Intelligence Analyst in three countries, supporting active operations on four continents
  - Victim’s Advocate for  survivors of military sexual trauma
  - Primary trainer for the Air Force’s Bystander Intervention for 3000 Airmen
- Civilian Experience as a Veteran Service Provider
  - Built peer support program which served over 3,000 Student Veterans
  - Facilitated focus groups for a exploratory study of protective factors   against veteran suicid
  - Primary Trainer for Noeticus Counseling Center’s Safe Harbor program.

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# Introduction.

- In 2013, it was found that 84% of mental health professionals serving the military and veteran communities were not competent to do so.
- The primary three reasons for this where: Not using evidence based techniques, not trauma informed, and only 8% of non-affiliated clinicians were deemed Culturally Competent.
- Today will we will begin to address the latter.

Military Times: http://www.militarytimes.com/story/military/benefits/health-care /2014/11/21/mental-health-troops-veterans-care/19324407/

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# What Do People Assume?

What do people assume about you when you tell them what you do for your work?

What do you assume when someone says they are a veteran?

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# Cultural Differences

| Civilian Culture | Military Culture |
|---|---|
| Emphasis on individuality | Emphasis on unit cohesion |
| Individual achievement | Emphasis on the mission |
| Personal Freedom | Devotion to duty |
| Fluid social relationships | Chain of command |

Coll, J. and Sherman, A. (2012). Promoting Mental and Emotional Health for Veteran Students: A Non-Clinician's Overview presentation, 2012

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# Military Branches

- Comparable to Social Workers, Licensed Professional Counselors, Career Counselors, and School Counselors.
- Each is different while providing support toward the same goal.
- Each individual earned their membership and value the distinction.

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# Military Branches Cont

- Army – Soldiers
  - Most varied in duties
- Navy – Sailor:
  - Oldest Traditions, Most non-combat deployments
- Air Force – Airman
  - 70% in Technical Fields, Corporate Culture
- Marine Corps – Marine
  - Every Marine is a  Rifleman, “Semper Fidelis“
- Coast Guard – Guardsman
  - Active Combat during War on Drugs, Newest Branch

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# Military Families

**Service comes at a cost to families.**

- Family comes second to the mission.
  - The culture is based around having one's spouse manage the household to enable to member to focus on the mission.
  - Family Care Plan.  The plan that is kept on record by the unit on what happens to children if the member is called to leave on 24 hour notice.
- Life consistently disrupted by moves and absences
  - Military families relocate 10 times more often than civilian families -- on average, every 2 or 3 years.

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# Military Families Continued

- Tend to be exceptionally heteronormative
  - Military spouses tend to be under 35 and are largely female.
  - Only 5% of military spouses are men.
- They get married and have children much younger then peers
  - Constant moves and minimal time to build long term connection and financial considerations encourage rapid and early marriages.
- All of this complicates rejoining civilian life as the roles change and there is a power vacuum the military leaves behind when the family separates.

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# Mental Health Struggles

This section will not train you in diagnosis

It will give you common language and statistics

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# Depression and Anxiety

- Depression and Anxiety associated with a major life transition, a sense of loss:
  - For the camaraderie
  - Direction and purpose
  - Feeling different from friends, family, and civilians
  - Financial security

Adapted from Jose Coll, Ph.D: Serving Student Veterans presentation, July 30, 2015

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# Veterans and Behavioral Health

**6-10%**

of Iraq and Afghanistan era veterans are affected by Post-Traumatic Stress Disorder (PTSD) and/or Traumatic Brain Injury (TBI)

Sources: National Center for PTSD, U.S. Department of Veterans Affairs (2015) and Iraq and Afghanistan Veterans of America (IAVA)

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# Post Traumatic Stress Disorder (PTSD)

- “A normal reaction to an abnormal situation”. Common theme of Veteran awareness.
- Common social stigma is that all veterans suffer from PTSD
- Be aware: there are drugs and chemicals that many veterans have been exposed to that mirror PTSD symptoms

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# Brain Injury (TBI)

- TBI occurs from a sudden blow to the head or a jolt.
  - Imagine a football player being tackled or being in the proximity of a blast.
- Blast injuries are often caused by Improvised Explosive Devices ("IEDs").
  - The concussive blast does not appear to be physically damaging, but jolts the brain and creates damaged tissue.
- In addition to physical and emotional symptoms, common symptoms include:
  - Memory problems, trouble staying focused, poor judgment, acting without thinking, being slowed down and trouble putting thoughts into words

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# Military Sexual Trauma

- Roughly 1 in 4 females and 1% of males report experiencing sexual trauma; which is similar to college campus statistics.
- In addition to common symptoms, there tend to be themes close to incest due to the cultural values of the military.
- The military justice system struggles similarly to civilian courts.
- Many survivors struggle to prove a service connection to establish care, as **most do not report during service.**
- Every service member not in a protected role is a mandatory reporter.

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# Addiction

- 70% of Veterans Struggle with Alcohol at some point in their life.

- Strong Culture and tradition of drinking
  - Drink like a Sailor
  - Dining in

- Common Struggles with pain management.

- Common theme for Veterans with “Bad Paper”

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# Veteran Suicide

- 22 veteran suicides a day in the US
- Veterans often have a plan, as they have a plan for most crisis
- Their methods tend to be more lethal then civilians
- Female veterans follow national trends of more attempts
- The VA's crisis services are a great resource
- Most at Risk
  - Non-Combat Deployed Marines
  - Aging Veterans
  - Those further from the cultural norm

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# Common Barriers to Care

- Non-trauma informed clinicians
- Many veterans have a sense that they do not merit care
- Well meaning clinicians often over reach for relationship
- Many Veterans report feeling judged by clinicians
- The military’s approach to healthcare is focused on function, not well-being.
- A earned distrust of the Veterans Administration

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# Other Cultural Factors

- Varied Struggles By Era of Service
- Politics of Service Members
- Military Rank Structure
- Transition Struggles When Leaving Service
- Common Clinical Mistakes

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# Now What?

- You are a trained, competent professional that has dedicated a large part of your life's work to helping people.
- Our Military Members and Veterans need people like you.
- This training may have opened a door for you and your practice.  If so:
  - Get more education (See the Next Slide)
  - Find local Allies, Advocates, and Specialists to consult with.
  - Trust your skill and work.

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# Continuing Education

- Center for Deployment Psychology - http://deploymentpsych.org/
- Psycharmor.org
- Readings and Other Media:
  - On Killing: The Psychological Cost of Learning to Kill in War and Society by Dave Grossman
  - Tribe: On Homecoming and Belonging By Sebastian Junger
  - The Invisible War –Documentary Available on Amazon Prime

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# Questions?

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# THANK YOU

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