




CASE MANAGEMENT WITH VETERANS & MILITARY FAMILIES: UNDERSTANDING THE INVISIBLE WOUNDS OF MILITARY SERVICE

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LEARNING OBJECTIVES

- Apply a cultural humility approach to working with individuals and families impacted by military
- Identify key clinical issues impacting the psychosocial well-being for Veterans and Military-Connected Families
- Assess behavioral health needs of Veterans, Service Members, and their families and identify appropriate interventions and resources for support
- Identify resources to support the case management needs of Veterans and military connected

HOME BASE

- Home Base is a national nonprofit dedicated to healing the invisible wounds of war through direct clinical care, wellness, education and research **all at no cost to Veterans, Service Members and their Families.** Care at Home Base is provided regardless of era of service or discharge status.
- Since 2009, Home Base has served more than **25,000 Veterans and their Family Members and trained over 85,000 clinicians** across the nation, and we remain at the forefront of discovering new treatments to ensure a brighter future for Warriors and their Families.



APPLYING A CULTURAL HUMILITY APPROACH

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KEY COMPONENTS

Tervalon & Murray-Garcia (1998) identified three key commitments of cultural humility:

- **Commit to lifelong learning, self-reflection, and self-critique**
 - Remain informed of evidence-based treatment for mental health conditions
 - Be aware of our own biases as providers of how we think about family systems and roles – and even around how we conceptualize Veteran/Military Identity
- **Have a desire to fix power imbalances where none ought to exist**
 - Remember that a therapeutic alliance is a partnership – relinquish the role of expert
 - Our clients are the only ones “uniquely qualified” to help us understand the intersection of their identities
- **Recognize that community-based care and advocacy is a shared responsibility among all care providers. Build on and believe in the strengths and assets of communities**
 - Consider how systemic racism and barriers to care because of identify, language, or disability might impact access to care and willingness to engage in resources

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BUILDING YOUR VOCABULARY

How to refer to someone who serves currently:

- Army: Soldier
- Navy: Sailors
- Marine Corps: Marine
- Air Force: Airman
- Coast Guard: Coast Guardsmen
- Space Force: Guardians
- Service members may be Officers (requiring 4 yr degree) or Enlisted
- **Term that covers all is service member**

Veteran: a person who has served in the military

- Some people who have served in the military may not identify as a Veteran
- “Veteran Status” under Federal Regulations means a person who served in the active military, naval, air, or space service and who was discharged or released under conditions other than dishonorable.

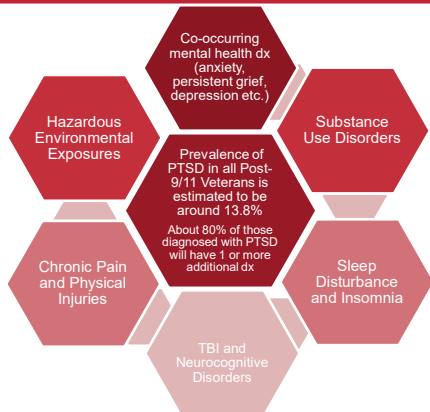
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Table 1. Military Ethos Strengths and Vulnerabilities

Strength	Trait	Vulnerability
Placing the welfare of others above one's own welfare	Selflessness	Not seeking help for health problems because personal health is not a priority
Commitment to accomplishing missions and protecting comrades in arms	Loyalty	Survivor guilt and complicated bereavement after losing friends
Toughness and ability to endure hardships without complaint	Stoicism	Not acknowledging significant symptoms and suffering after returning home
Following an internal moral compass to choose "right" over "wrong"	Moral Code	Feeling frustrated and betrayed when others fail to follow a moral code
Meaning and purpose when defending societal values	Social Order	Loss of meaning or betrayal when rejected by society
Becoming the best and most effective professional possible	Excellence	Feeling ashamed of (or not acknowledging) imperfections

DVA (2014). Module 1

KEY CLINICAL ISSUES



Data from Millennium Cohort Study (Balding et al., 2022)

Hazardous Exposures:

- Past exposures to **chemicals** (Agent Orange, contaminated water), **radiation** (nuclear weapons, X-rays), **air pollutants** (burn pit smoke, dust), **occupational hazards** (asbestos, lead), **warfare agents** (chemical and biological weapons), and **noise/vibration exposure** have led to greater long term health consequences
- Most common medical conditions were insomnia, neurological problems, allergies, and respiratory symptoms
- Post 9/11 Era: **4.2 millions** Veterans served in support of Global War on Terrorism
- **5, 443** died during combat operations vs. **100, 580** died for unknown reasons (**92.6** report exposure to toxins while deployed)
- **Obtaining accurate medical & deployments history is essential in providing accurate diagnosis & appropriate treatment.**

Suicide

- 18-22 Veterans dying by suicide on daily basis/Highest reported level on recorded history (**69.2% by firearms**)
- Risk assessment and intervention are paramount
- Private & public health care professionals must be aware of patient's military history and recognize suicide risk factors
 - **Alcohol and drug misuse, prior suicide attempts, physical health, childhood trauma, relationship problems, legal issues, financial troubles, and mental health diagnosis**
- Younger Veterans (18-44) are at the greatest risk of suicide, yet even older Veterans (50 and above) are 2x more likely to die by suicide versus non-Veterans
- Significant increase in risk among Veterans in their first year of reintegration

(Olemick et al., 2015); (Department of Veterans Affairs, 2021); (HunterSeven Foundation, 2021)

Homelessness/Unstably Housed

- Veterans make up approx. 13% of the homeless adult population (41,000/night), yet only make up 7% of US population
- Number of homeless Veterans has decreased by 50% since 2009
- Risk Factors
 - OIF/OEF Veterans and Veteran women experience higher homeless rates after separation
 - Younger, lower enlisted, and more likely to be diagnosed with PTSD/TBI
 - Presence of mental health disorder/substance use disorder is strongest predictive factor in homeless Veterans
 - Homeless Veterans (especially women) have disproportionately higher rates of MST

Chronic Pain/Physical Injuries

- 82% of OEF/OIF Veterans report chronic pain
- Important to identify associated physiological, biological, and psychological factors since chronic pain is often associated with co-morbid conditions including PTSD/TBI
- Focus of treatment needs to be on addressing all conditions with extreme caution of opioid use due to heightened risk of Veterans developing SUDs

(Olemick et al., 2015); (National Coalition for Homeless Veterans, 2022)

IMPACT OF COVID ON VETERAN MENTAL HEALTH

Mood & Emotional Wellbeing

- Shared feelings of sorrow and disappointment at the diminished richness and variety in their social activities which became narrow and circumscribed
- Uncertainty about future became taxing and exhausting (work, school, home, etc.)
- Lost volunteer work and missed opportunities to give back meaningful contributions
- Feelings of loneliness and isolation intense and enduring
- Losses of loved-ones stripped Veterans of support, connections, and simple routines
- Disillusionment and loss of faith in country due to slow pandemic response

Physical Activity & Health

- Reductions in exercise and physical activities
- Lack of routine
- Loss of physical activity in groups as major social support for many Veterans
- Poorer diet and access to quality food

(Purcell et al., 2021)

IMPACT OF COVID ON VETERAN MENTAL HEALTH

Health Care Access

- Significant disruptions in access to VA healthcare
- Cancellation of appts for routine, preventative, and wellness services
- Chaotic transition to virtual appts
- Poor coordination of new appts
- Lack of awareness as to what services were available
- Significant impact to VA wellness programs and integrative health services
 - Lack of social reward of in-person connection for yoga, art therapy, tai chi

Economic and Social Wellbeing

- Job loss, work reductions, lowered income
- Tight budgets & limited resources
- Difficulties envisioning pre-pandemic financial goals/plans
- Loss of viable transportation options
- Food insecurity (food stashing/hoarding) & concerns about housing
- Stress about changes in social contacts, increases loneliness, and worsening quality of friendships

(Parcell et al., 2021)

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KEY CLINICAL ISSUES FOR FAMILY MEMBERS

We consider "family" broadly– impacted loved ones may be within the Veteran's family of origin (parents, siblings, grandparents), immediate household (spouse, children), chosen family, close friends, or other relatives/relationships

- Impact of frequent moves and health insurance on healthcare access
- Social isolation or sense of disconnection from civilian community
- Caregiver Fatigue
- Parenting Concerns
- Anxiety
- Impact of Veteran's mental health on relationships



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ASSESSMENT AND TREATMENT

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QUESTIONS TO ASK

- Foundations of a thorough mental health assessment are even more paramount among providers screening Service Member and Veteran populations
- Studies have shown Veterans and their families do not readily report their military service to providers
- Evidence suggests that fewer than half of primary care and mental health providers screen for military service

Questions to Ask:

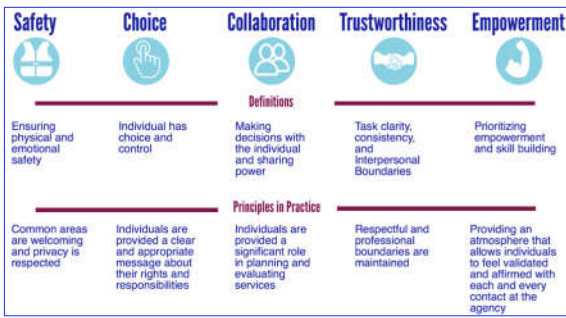
- Have you or someone close to you ever serve in the military?
- When did you serve?
- Which branch did you serve in?
- What did you do while serving in the military?
- Were you assigned to a hostile or combat area?
- Did you experience enemy fire, see combat, or witness casualties?
- Were you wounded, injured, or hospitalized?
- Were you exposed to noise, chemicals, gases, demolition of munitions, pesticides, or other hazardous substances?
- Do you have firearms at home? If so are they locked or secured? Do you have a safe?

(Inoue et al., 2022)

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CASE MANAGEMENT INTERVENTIONS WITH MILITARY POPULATION

- Practice with a cultural humility and trauma-informed scope



From University of Buffalo Center for Social Research

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POTENTIAL BARRIERS TO ENGAGEMENT

- Organizational and Provider-Related Barriers:**
- Shortages in the mental health workforce, leading to inadequate availability of appointments
 - Variability in use of evidence-based treatments and inadequate training in evidence-based psychotherapies and care tailored to veterans
 - Lack of screening for military history during provider assessment

- Patient-Related Barriers**
- Concern that admitting a mental health problem is a sign of weakness
 - Skepticism about the effectiveness of treatment
 - Concerns about the negative side effects of medication
 - Fear of job loss or career repercussions
 - Poor experiences in the past with MH providers discouraging Veterans from seeking further care (Quality varies considerably across different VA facilities)
 - Belief that Veteran is not deserving of treatment and others had it worse

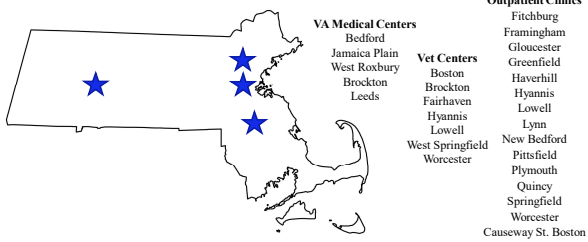
(RAND Corporation, 2019)

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RESOURCES

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VA LOCATIONS



988 (option 1) Veterans Crisis Line (VCL)

VCL provides 24/7 world-class crisis services through phone, chat, and text for all Veterans, Service members, National Guard and Reserve members, and their family members and friends

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QUESTIONS ABOUT BENEFITS ELIGIBILITY

Massachusetts State Veterans Services Officers: access benefits such as Chapter 115 financial assistance, healthcare, housing, and education. Support with VA service-connected disability claims, job readiness, home loans, and burial benefits

- Mass.Gov – Find My VSO by zip code

VA Military 2 VA Case Management Program (M2VA) (formerly called *Transition and Case Management TCMS*): for transitioning service members or those who have recently discharged

- Information can be found by looking up your closest VA Hospital at va.gov

Always use an accredited representative or VSO for claim assistance. Local accredited assistance can be found at: <https://www.va.gov/disability/get-help-filing-claim/>

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TO LEARN MORE INVISIBLE WOUNDS OF SERVICE

- **AboutFace** through the National Center for PTSD
- **The Training Institute at Home Base** –brief online, on-demand, free CEU courses on topics such as military culture, PTSD, traumatic brain injury, substance use disorders, complicated grief and supporting suicide survivors.

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RESOURCES FOR FAMILIES

- **Coaching into Care** 1-888-823-7458 - phone support line available 8AM-8PM Monday-Friday
 – *Coaching into Care is a national telephone service of the VA which aims to educate, support, and empower family members and friends who are seeking care or services for a Veteran. Coaching is provided by licensed psychologists or social workers, free-of-charge. Coaching involves helping our callers figure out how to motivate the Veteran to seek treatment.*
- **National Center for PTSD** – “How Can I Help?” resources for Friends and Family
- **National Alliance Mental Illness**
- **Rosalynn Carter Institute for Caregivers** – Operation Family Caregiver
- **Learn2Cope** – local support for families impacted by substance use
- **Tragedy Assistance Program for Survivors (TAPS)**
 – For survivors of Veterans or Military Service Members lost during service or due to suicide

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CONNECT WITH CARE AT HOME BASE

Call the Clinic at 617-724-5202 or visit homebase.org



Please have Veteran or Family Member Self-Refer

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Ours Has Just Begun.



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