Valuing the Strengths and Addressing the Challenges of Military-Affiliated Students

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Disclaimer

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Veterans, Service Members, & Military-Connected Students on Campus:

Culture and Experience



My friends went to college, I went to war. The hour they woke up to decide not to go to work that day, I'd been at work for hours. Their alarms woke them up, my alarm sent me to cover. They made plans according to how they felt, I did as the schedule that was put out to me demanded. They couldn't wait to leave their homes, I couldn't wait to get back to mine. But when we look back on our respective lives, I'll be proud of mine...

Military-Connected Students

- ROTC
- Active Duty (AD)
- Reserve Component (RC)
 - National Guard (USA & USAF)
 - Reserves
- Veterans
- Family Members



Student Veterans



27% female



45% married



46% have children



80% 25 years or older



71% non-Hispanic white



"Getting here, the standard is so high. That was where I really struggled. I thought I was really strong in some areas, but when I came here I found it was like comparing apples to oranges... [In the military] the expectations are clear; it is very structured, but here, every professor does something different."

Student Veterans and Service Members on Campus



Administrative

Social

Visibility and Identity





Stigma/Barriers

Financial

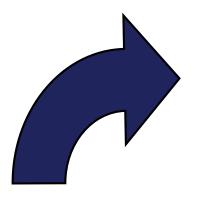


DEPLOYMENT CYCLE

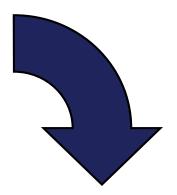


Pre-Deployment

Pre-deployment



Notification Preparation Training

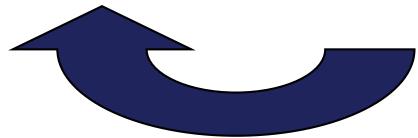


Return from Deployment

Reunion Reintegration

Deployment

Departure
Sustainment
Combat and conflict





Campus Concerns



 $Image\ By\ Monika\ M.\ Wahi\ [CC\ BY-SA\ 3.0\ (https://creativecommons.org/licenses/by-sa/3.0)],\ from\ Wikimedia\ Commons$

- Notification
- Possible class withdrawal
- Coping with unit preparation vs. class responsibilities
- Loyalties to friends, family, and unit
- Romantic relationships
- Challenges "outside the norm"

- Power of attorney/will/financial plan
- Location of important papers
- Emergency contact procedures
- Child care arrangements

Practical Preparation

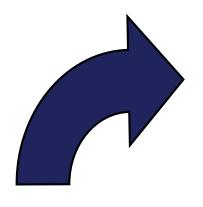


By Brandon Beach (https://www.dvidshub.net/image/1741158) [Public domain], via Wikimedia Commons

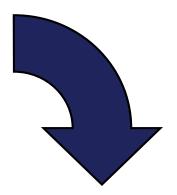


Deployment

Pre-deployment



Notification Preparation Training

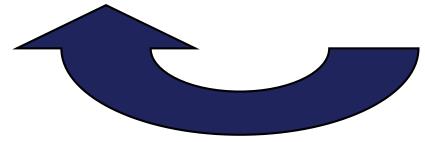


Return from Deployment

Reunion Reintegration

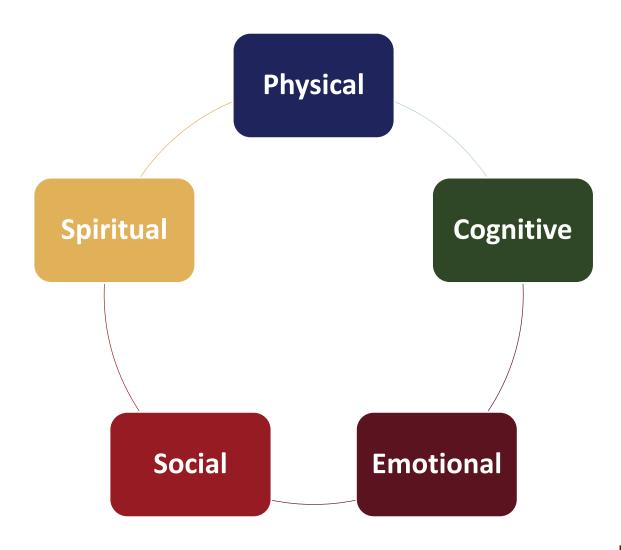
Deployment

Departure
Sustainment
Combat and conflict





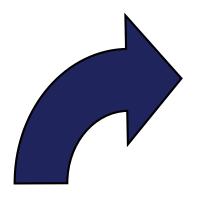
Deployment Challenges for Service Members



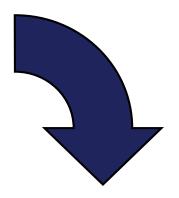


Return from Deployment

Pre-deployment



Notification Preparation Training



Return from Deployment

Reunion Reintegration

Deployment

Departure
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Combat and conflict





Reintegration

5 critical challenges Service members need to master

- Overcome alienation
- Move from simplicity to complexity
- Replace war with another form of high
- Move beyond war and find meaning in life
- Come to peace with self, God, and others



Overcome Alienation

- Family
- Friends
- Coworkers

Community



Simplicity to Complexity

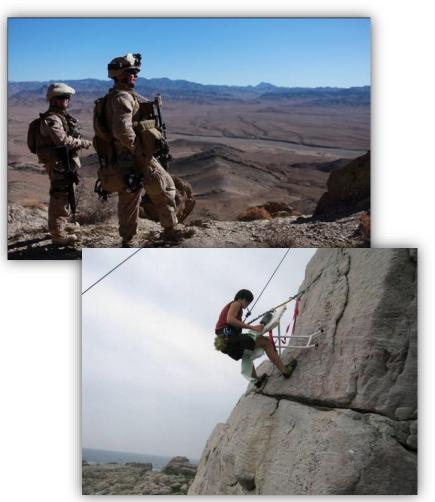
- From self to others
- From survival to thriving
- From others thinking for you to responsibility
- From no choices to overwhelming choices





Replace War with Another High

- War is an adventure
- Nothing in civilian life matches the intensity
- Speed kills: So do drugs, alcohol, etc...
- How do SMs learn to accept life as it is?







Move Beyond War

- Find meaning and purpose outside of combat
- Change in identity



Make Peace with Self, God, & Others

- SMs may have done, or not done things that violated their moral code
- SMs may have participated in the killing of other humans



• SMs may ask, "Is there absolution or do I live with guilt, (real, false, survivors) forever?" CDP







Military Culture Spectrum of Military Ethos

<u>Strength</u>	Guiding Ideal	<u>Vulnerability</u>
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 loss of 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
Becoming the best and most effective professional possible	Excellence	Feeling ashamed of (denial or minimization) imperfections



Culture Clash

Military Culture

- Collectivistic
- Interdependent/Self-Sacrifice
- Fulfill Role within Group
- Group Achievement
- Hierarchical Decision Making
- Maintain Tradition
- Pain: Increased Tolerance
- Emotional Suppression
- Unique and Separate
- Locus of Control: External
- Model: Strength Based
- Shame and Guilt due to Failing Group

Behavioral Health Culture

- Pursue Individual Goal/Interests
- Individual Achievement
- Self-Determination and Individual Choice
- Progress and Change
- Pain: Reduction
- Emotional Expression
- Common and Ordinary
- Locus of Control: Internal
- Model: Pathology
- Shame and Guilt due to Individual Failure

Challenges on Campus

Overview of PTSD, Sleep, SUD, TBI, Pain, Depression, and Suicide



Social Stressors

- Some student SM/Veterans reported:
 - Feeling misunderstood by faculty members and civilian students
 - Desiring more camaraderie with other student Service members/Veterans
 - Needing support for mental health issues
- Upon return from combat deployment:
 - Difficulties maintaining and forming relationships with civilians
 - Exposure to combat → feelings of alienation on campus and increased PTS sxs

Military Representation in Counseling Center Clientele

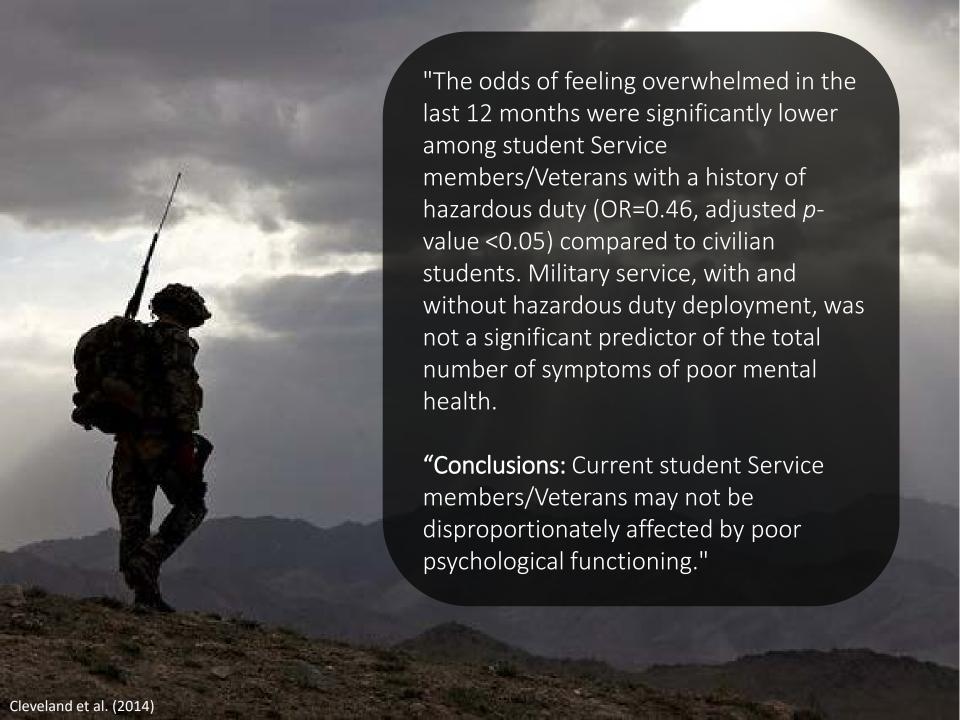
Have you ever served in any branch of the US military (AD, Veteran, NG, Reserves)?

	Overall (%) n=105,752	Female (%) n=67,472	Male (%) n=36,314	Transgender (%) n=604	Self-Identify (%) n=1,362
No	98.5	99.1	97.2	98.3	99.1
Yes	1.5	0.9	2.8	1.7	0.9

Did your military experience include any traumatic or highly stressful experiences which continue to bother you?

	Overall (%) n=1,397	Female (%) n=506	Male (%) <i>n</i> =871	Transgender (%) n=9	Self-Identify (%) n=11
No	66.9	73.3	63.6	44.4	54.5
Yes	33.1	26.7	36.4	55.6	45.5





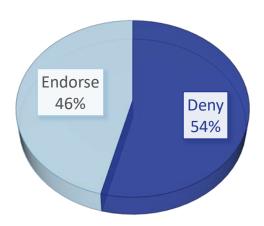
Student SMs/Vets Mental Health

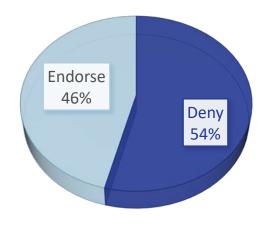


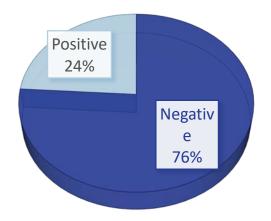
CURRENT POST-TRAUMATIC STRESS SYMPTOMS **46**%

THOUGHTS OF SUICIDE IN PAST YEAR 24%

SCREEN POSITIVE FOR SEVERE DEPRESSION







n=628

Student SMs/Vets Affiliated with Student Veterans of America chapters



Post-Traumatic Stress Disorder





DSM-5: Symptom Criteria for PTSD

Intrusion (B)

Intrusive, Distressing Recollections

Distressing Dreams

Dissociative Reactions (e.g. flashbacks)

Psychological Distress to Reminders

Marked Physiological Reactions to Reminders

1

Avoidance (C)

Avoidance of Internal Reminders (memories, thoughts, feelings)

Avoidance of External Reminders (people, places, conversations, activities, objects, situations)

1

Negative Alterations Cognitions/Mood (D)

Traumatic Amnesia

Persistent Negative Beliefs and Expectations

Persistent Distorted Blame

Persistent Negative Emotional State

Diminished Interest

Detachment or Estrangement

Persistent Inability to Have Positive Emotions

Arousal (E)

Irritable Behavior and Angry Outbursts

Reckless or Self-Destructive Behavior

Hypervigiliance

Exaggerated Startle Response

Concentration Difficulties

Sleep Difficulties

2





Common Interpretive Biases

OTHER PEOPLE WOULD

GET OVER IT

THE WORLD IS

UNPREDICTABLY

DANGEROUS

NO ONE CAN BE TRUSTEI
WHAT I DID IS

UNFORGIVEABLE

IT IS ALL

MISTAKE

IS SAFE

I HAVE TO CONTROL EVERYTHIN

SI AM WEAK
BURDEN

INTOLERABLE

I AM SCREWED UP





PTSD SHOWS WEAKNESS

COULDA WOULDA DONE SOMETHI

I LET DOW

CDP



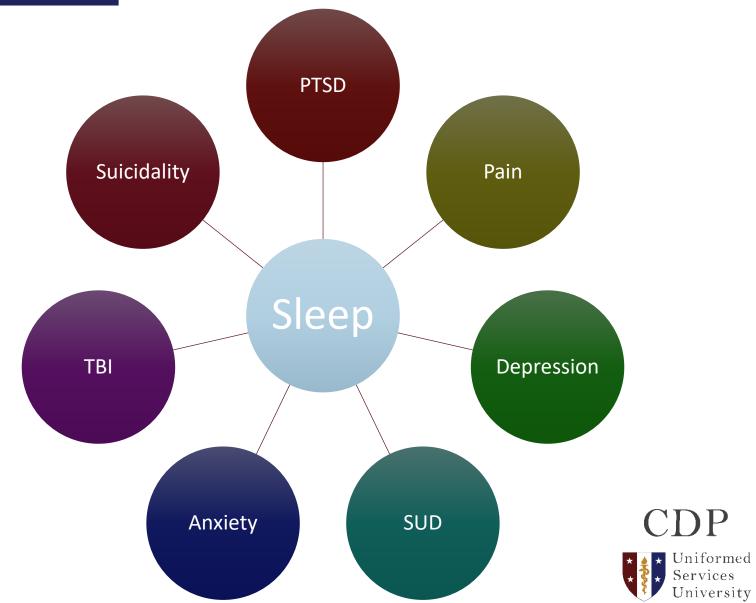


Sleep Problems





Why talk about sleep?







Common Sleep Disorders

The most common complaint of military members returning from deployment is about **sleep**

- 1. Obstructive Sleep Apnea
- 2. Insomnia
- 3. Circadian Rhythm Disorder
- 4. Nightmare Disorder







OSA = 7.6x Insomnia = 6.3x



24 – 54% OIF/OEF VETERANS

Student Sleep Problems

- 50% experience daytime sleepiness
- 36 71% report < 7 hrs a night
- 43% > 30 min to fall asleep at least 1x/week
- 82% believe inadequate sleep impacts school performance
- Rank sleep problems second only to stress in factors that negatively impact academic performance
- 2.7 "all nighters" a month
- 62% met cut-off criteria for poor sleep





Sleep Disorders in Students

 37 % at risk for at least one sleep disorder or sleep-related problem

• OSA: 4%

• Insomnia: 14%

• RLS or PLMD: 8%



Hypersomnia: 4%



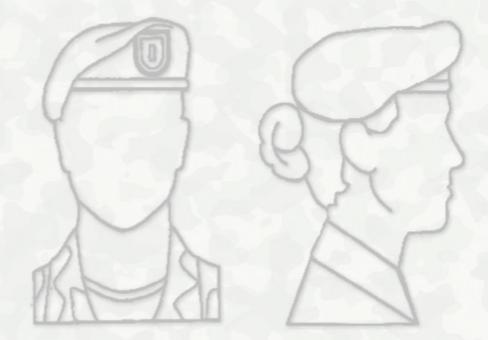


Depression





Depression Prevalence: <u>Veterans</u>



11%

OF VETERANS
AGED 65+ ARE
DIAGNOSED WITH
MDD (TWICE THE
RATE OF ADULTS
65+ IN THE
GENERAL
POPULATION)

	Lifetime	12-Month
1 1 5		PAGE S

Male Veterans 36.3% 7.5%

Female Veterans 46.5% 13.7%







Substance Use Disorders (SUD)





Health Risk Behaviors in OEF/OIF Student Veterans

+ Risk

- 1.8 times more likely to report smokeless tobacco use
- 1.3 times more likely to be current smokers
- 1.3 times more likely to report high-risk drinking
- 1.5 times more likely to report involvement in a physical fight

- Risk

- Greater intentions to quit
 TOB by graduation
- Strength training exercises
- Lower marijuana use
- Less likely to report more than 2 hours of screen time per day





Traumatic Brain Injury (TBI)





DoD Numbers for Traumatic Brain Injury

Worldwide - Totals

2000 - 2017 (Q1-Q3)

Penetrating	5,157
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Moderate	35,674

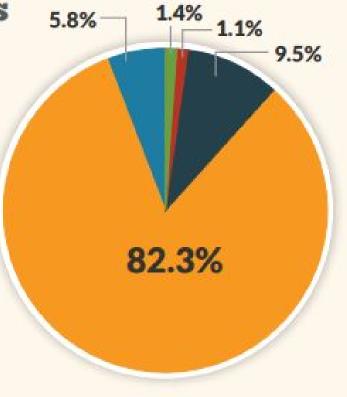
Mild	308,853

Not Classifiable 21,604

Total - All Severities 375,230

Source: Defense Medical Surveillance System (DMSS), Theater Medical Data Store (TMDS) provided by the Armed Forces Health Surveillance Center (AFHSB)

Prepared by the Defense and Veterans Brain Injury Center (DVBIC)



2000-2017(Q1-Q3), as of November 14, 2017





[&]quot;Percentages may not add up to 100% due to rounding

Common Changes Following Concussion

Executive Functioning	Other Changes in Thinking	Emotional, Behavioral, and Social
 Planning/goal setting Organization Flexibility Problem Solving Prioritizing Decreased self-awareness 	 Learning and memory Attention Processing Speed Communication 	 Depression Sleep disturbance Anxiety Impulsivity Irritability Socially inappropriate behavior Increased risk taking Interpersonal conflicts





Long Term Challenges Post TBI

- Vocational and/or school failure
- Family life/social relationships collapse
- Increased financial burden on families and social service systems
- Alcohol and drug abuse
- Chronic depression/anxiety





Suicide





Student Suicide Risk

Students on Campus

6.0% "S€	eriously	considered
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suicide"

1.3% "Attempted suicide"

N = 30,147

Anonymous; Survey-based

Veterans on Campus

20%	Have	a p	lan
, _		J. J.	

"often" or "very often"

7.7% Previous suicide

attempt

3.8% Suicide is either "likely"

or "very likely"

N = 628

Anonymous; Screening-based





Activated Suicide Model

Joiner's Model of Suicide (2005): Interpersonal-Psychological Theory

Perceived Burdensomeness

Thwarted Belongingness

Those Who Are Capable of Suicide

Serious Attempt or Death by Suicide







Military Suicide Risk Factors

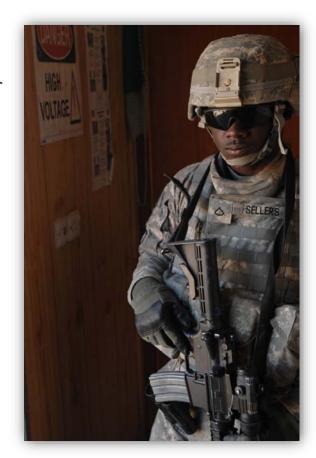
- Relationship Problems
- Hopelessness/Worthlessness
- Alcohol Abuse/Dependence
- Feelings of Disgrace/Isolation
- Stressful Military Life Events
- Easy Access to Firearms
- Unexplained Mood Change/Depression
- Financial, Legal or Job Performance Problems
- Medical or Administrative Discharge Processing
- Previous Suicide Attempts **





Veteran Suicide Risk Factors

- Combat Exposure
- Posttraumatic Stress Disorder
- Psychiatric Disorder
- Traumatic Brain Injury
- Poor Social Support
- Access to Lethal Means







Military and Veteran Suicide Protective Factors

- Social Support or Sense of Belonging
- LeadershipResponsibilities
- Effective Coping and Problem Solving
- Unit Cohesion

- Access to Assistant Services
- Healthy Lifestyle
 Promotion
- Spiritual Support
- Policies/Culture that Encourage Help-Seeking





Additional Training Opportunities deploymentpsych.org





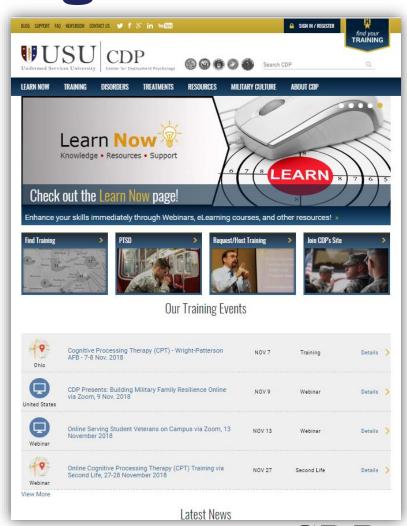






deploymentpsych.org

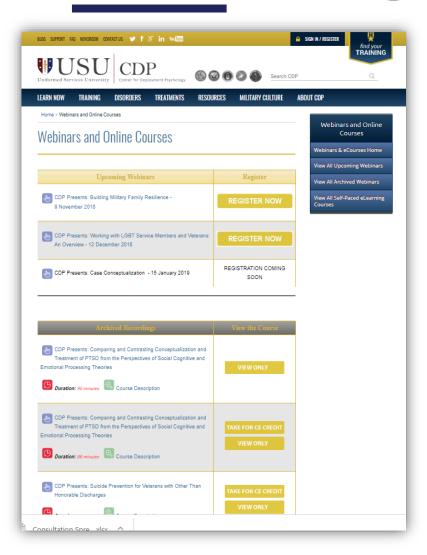
- Descriptions and schedules of upcoming training events
- Blog updated daily with a range of relevant content
- Articles by subject matter experts related to deployment psychology, including PTSD, mTBI, depression, and insomnia
- Other resources and information for behavioral health providers
- Links to CDP's Facebook page and Twitter feed







Other Learning Opportunities



- CDP Presents Monthly Webinar Series
 - Live and Archived
 - CEs free for live, small fee for on-demand CEs
 - View archived webinars free for no Ces
- On Demand Courses
 - Military Culture
 - Deployment Cycle
 - Intro to PE and CPT



Provider Support

CDP's "Provider Portal" is exclusively for individuals trained by CDP in evidence-based psychotherapies (e.g., CPT, PE, and CBT-I)

- Consultation message boards
- Hosted consultation calls
- Printable fact sheets, manuals, handouts, and other materials
- FAQs and 1:1 interaction with answers from SMEs
- Videos, webinars, and other multimedia training aids



Participants in CDP's evidence-based training will automatically receive an email instructing them how to activate their user name and access the "Provider Portal" section at Deploymentpsych.org.



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