



Supporting Veterans & Families

*Engaging with the Service Member, Veteran, and
Family (SMVF) population*

Virginia Veteran & Family Support



Presentation Overview

This training provides an overview of military service, transition, and post-military experiences with specific focus on unique challenges that Service Members, Veterans and their Families (SMVF) may encounter. This training explores variances between military branches, individual experiences, reintegration into post-military civilian life, impact on families, and how any of these may cause SMVF to intersect with the community and emergency services personnel.



Why This Is Important

1 in 11 Virginia residents is a veteran

Most veterans also have multiple immediate family members

Many veterans have unique backgrounds/experiences/needs

Virginia Department of Veterans Services (VDVS) can assist
and so can you!



Myth or Fact?

- Deployment is the leading cause of suicide in service members
- The majority of service members who die by suicide had a mental illness
- Approximately one-half (51.5%) of Service members who died by suicide received some form of care (though not necessarily suicide- or behavioral health-related care) via the Military Health Service (MHS) in the 90 days prior to death
- The suicide rate is higher in combat veterans than non-combat veterans



Learning Objectives

- Review the lifecycle of military service from time of entry to discharge and reintegration
- Describe military organizational structure, rank, branches of service, core values, and demographics
- Identify differences between the Active, Reserve components, and National Guard
- Identify best practices to enhance behavioral health, treatment options, and connection to resources for military SMVF and caregivers
- Discuss the prevalence and characteristics of suicide among military service members and veterans



Virginia Veterans

Total Veterans	Virginia has approximately 691,325 veterans (2022)
Population	Virginia currently has the 6th largest veteran population in the nation, however by 2023, Virginia is projected to be ranked 3rd
Young	Virginia ranks 4th in younger veterans (age 17 – 39) 33% of the Virginia veteran population is under the age of 50
Female	Virginia has the highest percentage of women veterans 107,976 to total population of veterans in the nation.



Virginia Veterans



U.S. Department of Veterans Affairs

Virginia

Population Change		Virginia	Total
Veteran Population 2018		739K	20.3M
Veteran Population 2048		537K	12.2M
Annual Percentage Change		-1.06%	-1.68%

Virginia		9/30/2018	9/30/2023	9/30/2028	9/30/2033	9/30/2038	9/30/2043	9/30/2048
Age	Less than 40	138,125	125,096	114,159	107,969	107,133	106,174	106,327
	40-64	334,721	310,834	283,851	263,443	244,732	234,479	220,300
	65+	265,789	260,674	259,596	251,106	237,887	220,367	210,331

Virginia		9/30/2018	9/30/2023	9/30/2028	9/30/2033	9/30/2038	9/30/2043	9/30/2048
Gender	Male	631,057	586,421	546,109	510,627	478,603	451,784	430,760
	Female	107,577	110,183	111,497	111,891	111,150	109,237	106,198

Virginia		9/30/2018	9/30/2023	9/30/2028	9/30/2033	9/30/2038	9/30/2043	9/30/2048
Period of Service	WWII	12,126	2,698	384	34	2	0	0
	Korea	35,227	17,366	5,898	1,277	176	15	1
	Vietnam	204,310	169,664	131,518	91,730	54,430	25,774	9,222
	Gulf War	388,820	422,076	436,890	424,676	403,382	377,695	339,715

Note: The total for Period of Service does not equal the total Veteran Population because peace time veterans were excluded

Virginia		9/30/2018	9/30/2023	9/30/2028	9/30/2033	9/30/2038	9/30/2043	9/30/2048
Race	White, Not Hispanic	506,611	463,985	427,887	401,476	383,054	371,258	365,633
	Minority	232,024	232,619	229,719	221,042	206,698	189,763	171,324

Note: Minorities are all races/ethnicities except non-Hispanic White Veterans



Culture of the Military

- Abides by its own legal system (Uniformed Code of Military Justice - UCMJ)
- Each service follows its own set of traditions
- The military has its own terminology
- Follows an organized rank structure
- Strong work ethic, accountability, personal responsibility, MISSION FIRST
- Stoic, overcomes challenges, flexible and resilient



Military Ethos

The **military ethos** reflects how military professionals:

- View themselves (identity)
- How they fulfill their function (expertise)
- How they relate to their government and to society (responsibility)

Military Creeds

All services have creeds. A creed is an oath or saying that provides a value structure by which to work, live, and think. These set the tone of life in each service branch.



Service Force Inception



14 June 1775

13 Oct. 1775

18 Sept. 1947

10 Nov. 1775

4 Aug. 1790

20 Dec. 2019

Reserve:
23 Apr. 1908

Reserve:
3 Mar 1915

Reserve:
14 Apr. 1948

Reserve:
29 Aug. 1916

Reserve:
19 Feb. 1941

National
Guard:
13 Dec. 1636

National
Guard:
18 Sept. 1947



Army - Soldier

- **Mission:** To fight and win our nation's wars with sustained land dominance across a full range of military operations
- Oldest and largest branch; main ground force
- Built to execute large-scale and long-term ground operations
- **Core Values:** Loyalty, Duty, Respect, Selfless Service, Honor Integrity & Personal Courage
- **Motto:** "This We'll Defend"





Marine Corps - Marine

- **Mission:** As America's expeditionary force in readiness since 1775, the Marines are forward deployed to win our nation's battles swiftly and aggressively in times of crisis
- A component of the Department of the Navy
- *Maintains amphibious, air, and ground units for contingency and combat operations*
- **Core Values:** Honor, Courage, and Commitment
- **Motto:** "Semper Fidelis" Always Faithful
www.marines.mil





Navy - Sailor

- **Mission:** To recruit, train, equip and organize to deliver combat ready Naval forces to win conflicts and wars while maintaining security through sustained forward presence
- The Navy is America's forward deployed force and is a major deterrent to aggression around the world
- Operates on, above and below water
- **Core Values:** Honor, Courage, and Commitment
- **Motto:** *No official Motto*

www.navy.mil





Air Force - Airman

- **Mission:** To fly, fight and win—in air, space and cyberspace. We are America's Airmen
- The Air Force provides a rapid, flexible and lethal air and space capability that can deliver forces anywhere within hours
- Controls air and space operation and controls two-thirds of our nuclear capabilities
- **Core Values:** Integrity first, Service before self, and Excellence in all we do
- **Motto:** "Aim High...Fly-Fight-Win"





Coast Guard – Coast Guardsman

- **Mission:** To ensure our nation’s maritime safety, security and stewardship
- The oldest continuing seagoing service in the U.S
- Operates under the Department of Homeland Security but can be transferred to the US Navy by the President in times of war
- **Core Values:** Honor, Respect, and Devotion to Duty
- **Motto:** Semper Paratus
“Always Ready”





Space Force - Guardians

- **Mission:** The USSF is responsible for organizing, training, and equipping Guardians to conduct global space operations that enhance the way our joint and coalition forces fight, while also offering decision makers military options to achieve national objectives
- Ground-based and space-based systems monitor ballistic missile launches around the world to guard against a surprise missile attack on North America
- First new branch of the armed services in 73 years
- **Core Values:** Organizational agility, Innovation, and Boldness
- **Motto:** Semper Supra “Always Above”





Armed Forces Reserve

- The purpose of each reserve component is to provide trained units and qualified persons available for active duty in the armed forces, in time of war or national emergency, and at such other times as the national security may require
- Minimum duty requirements are one weekend per month, plus two weeks of training per year, members of the Reserves are considered part-time employees of the DOD.



Reserve Components

- There are 800, 000 + in the Reserve Components
- Five services (branches) have reserve components, Space Force does not
- Army, Navy, Air Force, and Marines fall under the Dept. of Defense
- Coast Guard falls under the Dept. of Homeland Security





Virginia National Guard (Army and Air)

- 8,764 Soldiers, Airmen, Virginia Defense Force personnel and civilian employees
- Unique dual-status force with a potential for federal or state activation or mission assignment.
- Domestic response capabilities: mission command, high mobility ground transportation, ground and aerial damage assessment, imagery analysis, resupply, medical treatment, decontamination, cyber security and vulnerability assessment
- On the federal side: train Army and Air Force combat and support units, air dominance, weather support, intelligence operations, unmanned aerial vehicles, sustainment support and cyber operations



Activation of National Guard

- **Title 10** – President orders National Guard to active duty – can be voluntary or not, duration is determined by the type of activation. There are seven different types of activation
- **Title 32** – State Active Duty (SAD). The Governor can activate National Guard personnel to “State Active Duty” in response to natural or man-made disasters or Homeland Defense missions. Allows the Governor, with the approval of the President or the Secretary of Defense, to order a member to duty for operational Homeland Defense activities



<https://uscode.house.gov/browse/prelim@title10/subtitleE/part2/chapter1209&edition=prelim>



Federal Definition: Veteran

What is a Veteran?

Title 38 of the Code of Federal Regulations defines a veteran as; “a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable.”

[*https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title38-section101&num=0&edition=prelim](https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title38-section101&num=0&edition=prelim)



Stressors of Military Life

Frequent Moves:

For children: changing schools, loss of friends, new routines

For spouses: job change, periods of un/under-employment, search for new doctors, loss of friends

Separation Due to Deployments:

Spouse becomes single parent

Children: loss of parent, uncertainty, worry

Financial: Inability to sell home, unforeseen moving costs, additional day care costs

Limited Support System: Separation from extended family, constant change of friends





Characteristics of OIF/OND/OEF/OIR/OFS

- Heavy dependence on National Guard & Reserve
- Longer deployments with multiple combat deployments and infrequent breaks in between
- High intensity urban warfare
- Chronic threat of IEDs and RPGs
- New advancements in body armor, tactical vehicles
- Fewer fatalities and more wounded survive than ever before



Everyone is Affected by Combat





Moving from this....





Virginia Department of Veterans Services



Virginia Department of Veterans Services
Virginia Veteran and Family Support





Virginia Department of Veterans Services



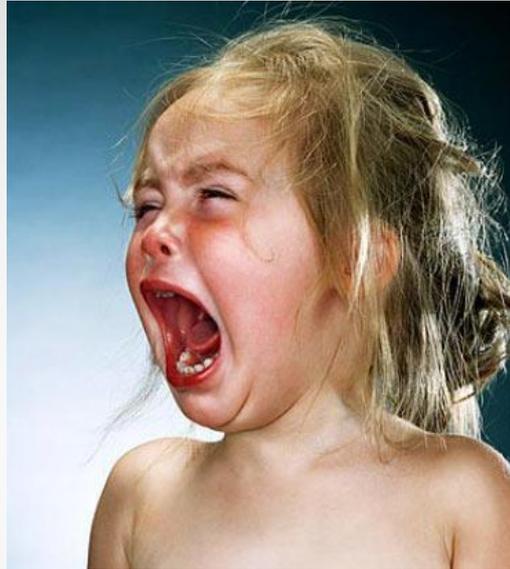


Virginia Department of Veterans Services





To This:





Transitioning Home from Combat

“There is nothing normal about war. There’s nothing normal about seeing people losing their limbs, seeing your best friend die. There’s nothing normal about that, and that will never become normal...”

Lt. Col. Paul Pasquina from “Fighting for Life”

This video discusses transitioning home from combat, presented by Charles Hoge, M.D. Colonel (Ret.)

<https://youtu.be/Wlx5T1wboxw>



Stressors of Combat

Transition Stress:

- Stress as a result of the loss of a sense of place and self that many within the military felt regardless of their service or experiences.

Combat Stress Reaction:

- Reactions to the traumatic stress of combat and the cumulative stresses of military operations

Serious Injuries:

- Long lasting impact, some leading to medical discharge from the military

Specific to Guard and Reserves:

- Returning to civilian life and not a military base, readjusting to civilian income, employment and often-times having been “cross leveled” (not deploying or coming home as a unit)



Conflict Casualty Statistics

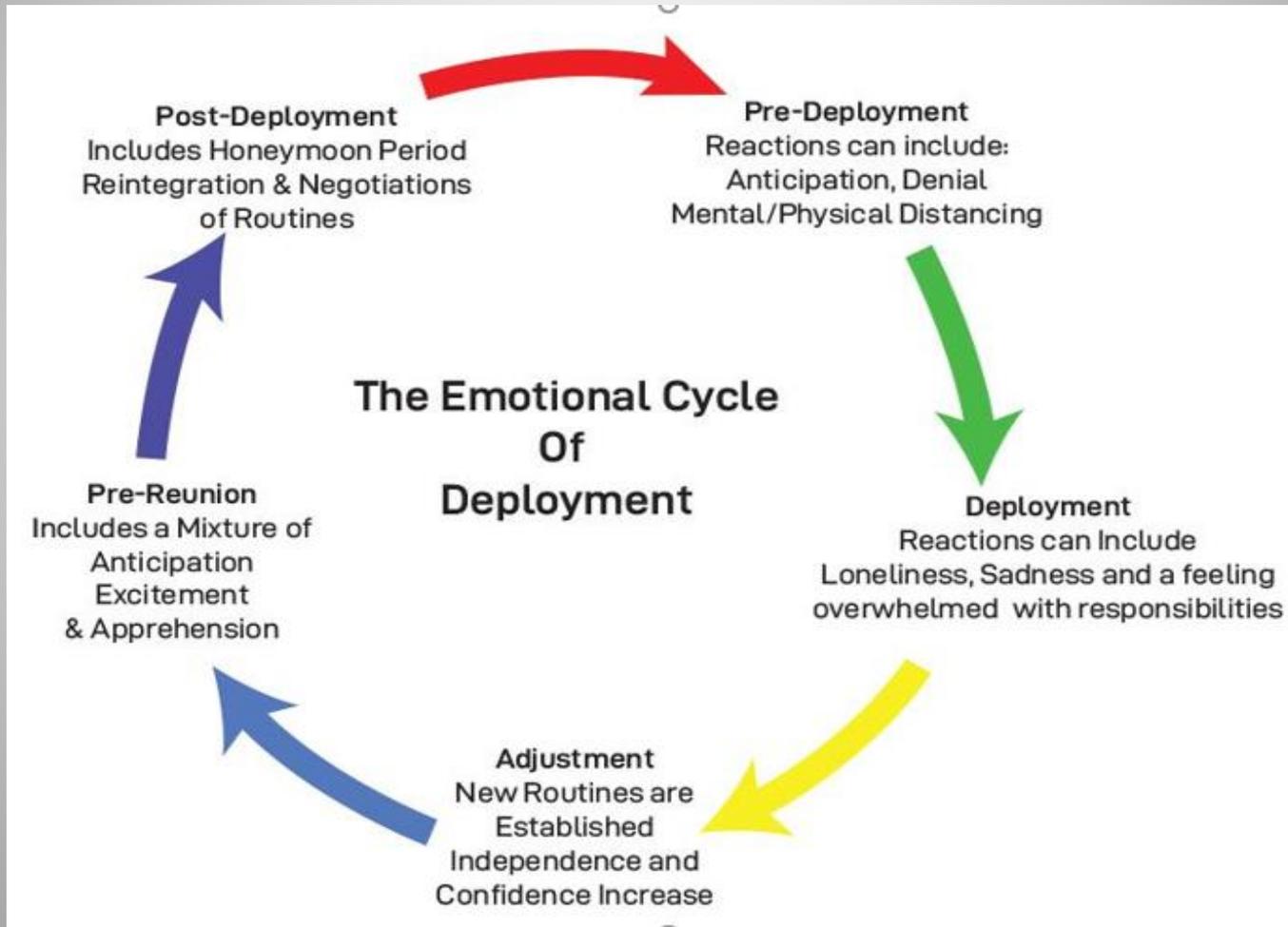


Conflict	Total Deaths	Battle Deaths	Other Deaths	Wounded
World War II	405399	291557	113842	670846
Korean War	36574	33739	2835	103284
Vietnam War	58220	47434	10786	303644
Persian Gulf War	382	147	235	467
OEF As of 1 March 2022	2349	1845	504	20149
OIF As of 1 March 2022	4418	3481	937	31994

Medical and technology advances have enabled far more to survive catastrophic injuries, but this presents an emerging dilemma for the medical and broader community. Lack of diagnosis/treatment, quality life, etc.



Emotional Cycle of Deployment





Post-Deployment: Readjustment to Family Life

- Difficulty communicating
 - Unsure what to share about their deployment/or can't share at all
 - Lack of sensitivity toward partner
 - Minimizing partner's stressors and challenges
- Irritability and anger
- Domestic violence
- Decreased sex drive
- Emotional numbing
- Role changes
- Infidelity
- Instant marriages prior to deployment



Post-Deployment Transition for Family

- Fitting the deployed spouse/parent back into the home routine—reintegration
- Re-establishing role within the family dynamic
- Getting to know the deployed spouse/parent again
- Worrying about the next deployment
- Dealing with the deployed spouse/parent's mood changes
- Children worrying about how their parents are getting along



Video

“Cover Me”

This video depicts a service member who returns from combat and is experiencing difficulty in transitioning. This video portrays transition periods, cycles of deployment, isolation, substance use, reintegration, relationship issues and survivor’s guilt.

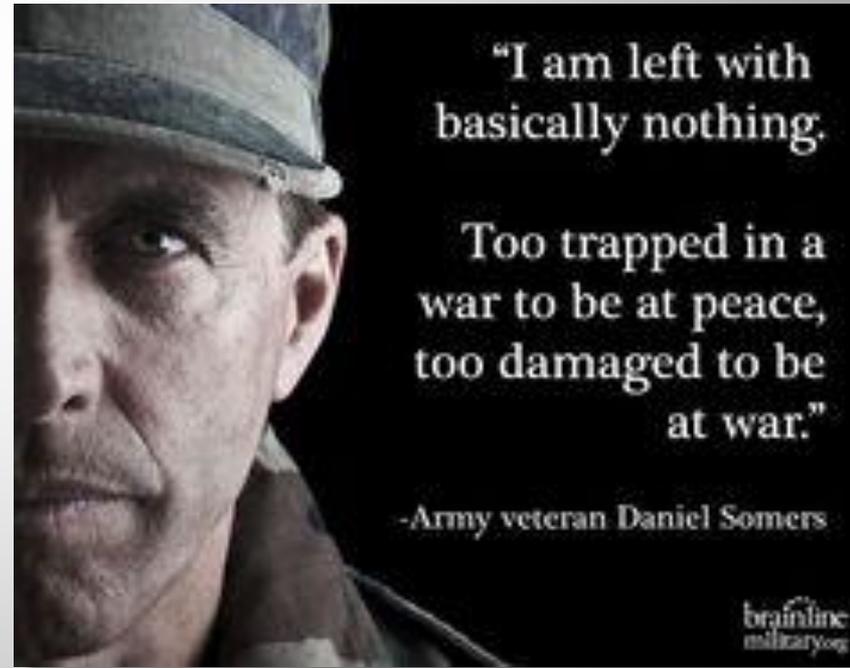
Note: *This video contains material which could be concerning/trigger*

<https://youtu.be/KEnFCa-5p9E>



Possible Complications From Military Service

- PTSD
- TBI
- MST
- Moral Injury
- Anxiety/Depression
- Substance Use Disorder





Our Brain During a Traumatic Event

- Function of the brain during a traumatic event: survival
- Fight-Flight-Freeze response
- Stress activates immune and defense systems
- The brain interprets the traumatic experience as dangerous
- The brain generates powerful memories

Individuals with PTSD sometimes lose the ability to discriminate between past and present experiences or interpret environmental contexts correctly



The Traumatic Experience

- The brain interprets the experience as dangerous (traumatic)
- Activates Fight-Flight-Freeze response
- Physiologically: Stress activates immune and defense systems (physical & psychological)
- The brain generates powerful memories



Common Coping Mechanisms for Military Stressors

- Hypervigilance and increased security awareness
- Isolation
- High adrenaline, high risk behavior
- Self medication



PTSD



“A Normal Reaction to an Abnormal Situation”



VIDEO

David Lynch Foundation “Sounds of Trauma”

Warning: Contains combat imagery, weapons and sounds of gunfire/explosions

<https://www.youtube.com/watch?v=bgpRw92d1MA>



What Is PTSD?

- PTSD (posttraumatic stress disorder) is a mental health issue that some develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault.
- At first, it may be hard to do normal daily activities, like go to work, go to school, or spend time with people you care about. But most people start to feel better after a few weeks or months.
- If it's been longer than a few months and you're still having symptoms, you may have PTSD. For some people, PTSD symptoms may start later on, or they may come and go over time.



Military Sexual Trauma (MST)

- “Sexual assault or repeated, unsolicited, threatening acts of sexual harassment that occurred while a veteran was serving on active duty or active duty for training”
- VA’s national screening program, in which every Veteran seen for health care is asked whether he or she experienced MST, provides data on how common MST is among Veterans seen by the VA. National data from this program reveals that about **1 in 3 women and 1 in 50 men** respond “yes,” that they experienced MST, when screened by their VA provider.



Sexual Assault in the Military

Fiscal Year 2018: Sexual Assault in the Military

DoD Sexual Assault Prevalence

0.7% indicated an experience of sexual assault



Active Duty Men

6.2% indicated an experience of sexual assault



Active Duty Women

More Service Members Are Coming Forward to Make a Report

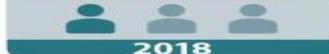
After experiencing a sexual assault, how many Service members reported it to a DoD authority?

About 1 out of 14



2006

About 1 out of 3



2018

Individual Service Sexual Assault Prevalence



Army



Navy



Marine Corps



Air Force

	Army	Navy	Marine Corps	Air Force
2018	Women: 5.8%	Women: 7.5%	Women: 10.7%	Women: 4.3%
	Men: 0.7%	Men: 1.0%	Men: 0.8%	Men: 0.5%
2016	Women: 4.4%	Women: 5.1%	Women: 7.0%	Women: 2.8%
	Men: 0.6%	Men: 0.9%	Men: 0.7%	Men: 0.3%

Bolded text indicates a statistically significant increase from 2016

Of female Service members who indicated an experience of sexual assault and reported it:

- About 21% endorsed experiences consistent with legal criteria for retaliatory behavior

Note: The estimate for men was not reportable due to small sample size.

Sexual Harassment Rates in the Military

6.3% indicated an experience of sexual harassment



Active Duty Men

24.2% indicated an experience of sexual harassment



Active Duty Women

Sexual harassment is a leading factor affecting the unit climate on sexual assault. Controlling for paygrade, Service, and deployment status...



- 1 in 5 women** who experienced sexual harassment also experienced sexual assault



- 1 in 12 men** who experienced sexual harassment also experienced sexual assault

Service Members' Satisfaction with Response Resources

76%

Satisfied with support from Victim Advocate

74%

Satisfied with support from Special Victims Counsel/ Victims Legal Counsel

72%

Satisfied with support from Sexual Assault Response Coordinator

Data represent respondents who interacted with response resources after filing an Unrestricted Report for a sexual assault that occurred in the past year

Bystander Intervention

93% of respondents who noticed inappropriate or risky behavior **intervened.** Interventions included:

- Speaking up (**62%**)
- Talking to those who experienced it (**58%**)
- Intervening in another way (**37%**)
- Telling someone while it was happening (**24%**)
- Telling someone after it happened (**24%**)

2018 WGRA results showed that 27% of Service members indicated witnessing a high-risk situation in FY18, and of those who observed, 93% acted to address the situation. Percentages in this section do not add to 100 percent because respondents could choose more than one intervention.



Four Main Symptom Clusters of PTSD



RE-EXPERIENCING

1. Unwanted memory of event
2. Nightmares
3. Flashbacks
4. Distress after exposure to a reminder of the event



AVOIDANCE

- 1. Traffic or reminders of IEDs on roads
- 2. Noises
- 3. Smells (burnt-meat, sulfur)
- 4. Images
- 5. Unknown (reminders of the memory)



NEGATIVE COGNITION

- 1. Negative / Distrusting feelings about the world
- 2. Survivor's guilt
- 3. Feelings of isolation or the need to isolate
- 4. Inability or discomfort w/ emotion closeness
- 5. Depression & Anxiety
- 6. Decreased interest in activities



AROUSAL / REACTIVITY

1. Physiological Reactions (Adrenaline)
2. Irritability & Aggression
3. Threat assessment & hypervigilance
4. Risky, destructive, or thrill-seeking behavior
5. Difficulty concentrating or sleeping





Consequences of PTSD

Personal Struggles

- **Substance Addiction: High Correlation**
- **Domestic Violence**
- **Health Problems**
- **Difficulty Managing Stress**

Justice Involvement

- **Three most common interactions with CJS:**
 1. **Domestic Violence**
 2. **DUI/possession of controlled substance**
 3. **Assault and Battery**
- **Veteran Treatment Dockets**
- **Justice involvement may be an important intercept point for connecting to treatment**



Notable Differences Between Military and most Civilian PTSD

- Trauma may re-occur over months or years (e.g. handling body parts every day, being under fire on a regular basis, repeat deployments)
- Experience is impacted by unit support, command and leadership and national support
- Service members may have adapted to dangerous situations, which increases their tendency for adrenaline addiction, changes in brain chemistry



PTSD by the Numbers

Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF): About 11-20 out of every 100 Veterans (or between **11-20%**) who served in OIF or OEF have PTSD in a given year

Gulf War (Desert Storm): About 12 out of every 100 Gulf War Veterans (or **12%**) have PTSD in a given year

Vietnam War: It is estimated that about 30 out of every 100 (or **30%**) of Vietnam Veterans experience symptoms of PTSD in their lifetime.

* *The National Center for PTSD*



Holistic & Alternative Treatments for PTSD

Treatments include:

- Individual Peer Support & Peer Groups
- Meditation
- Yoga
- Equine Therapy
- Art Therapy
- Involving Support from Spouse and Friends
- Outdoor Activity
- Sobriety
- Remembering or discovering new hobbies
- Post-Traumatic Growth: Loss causes re-evaluation of life/world perceptions greater value of time in life/family; drives energy for needed change. Growth from Struggle.



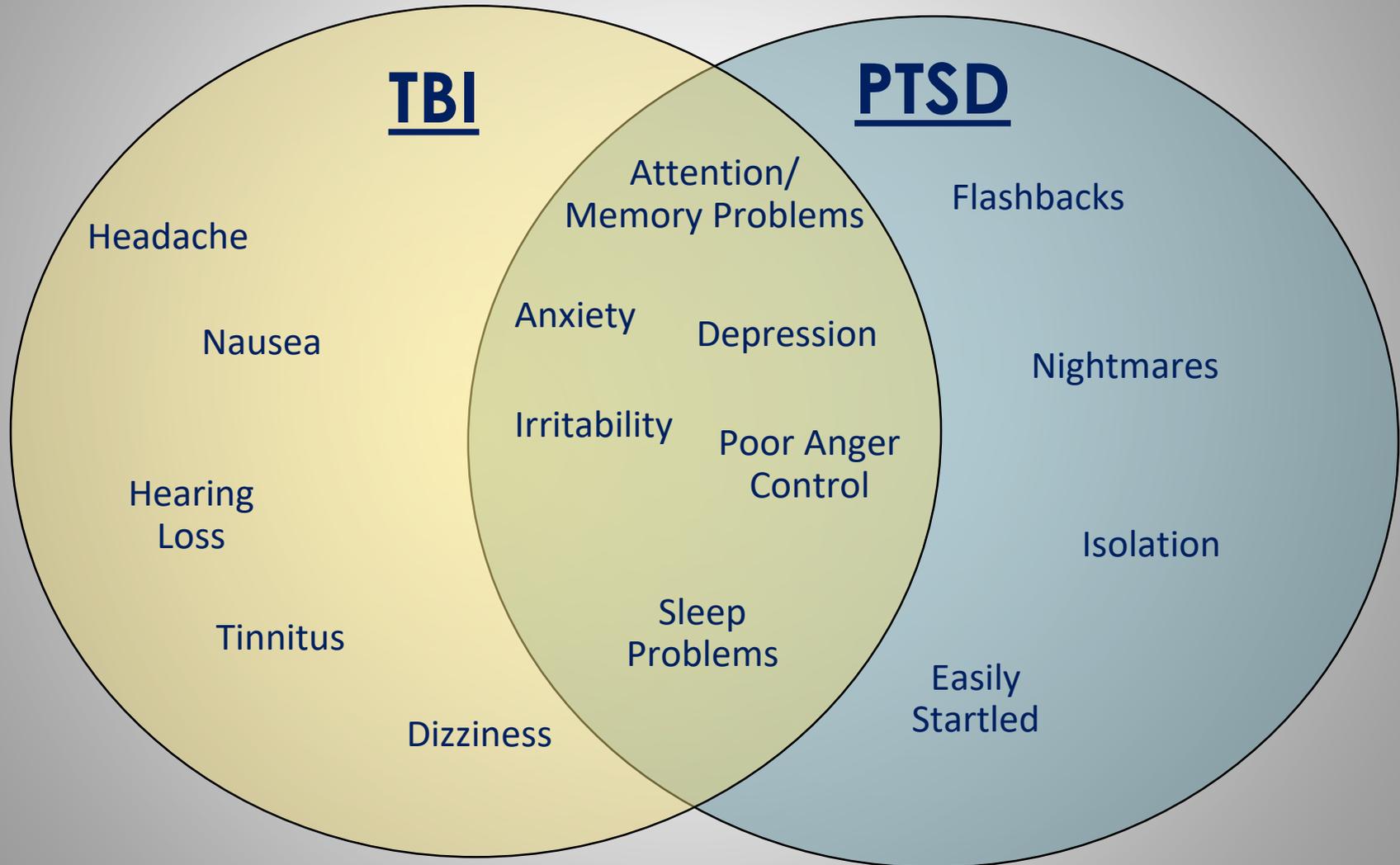
Uncontrolled Anger

- Common in both PTSD and TBI
- Over reaction to simple situations
- Difficulty with self de-escalation
- Everything feels out of control
- Negative impact on family system
- Impact on career





PTSD/TBI Symptom Overlap





Traumatic Brain Injury

TBI is a disruption in the normal function of the brain that can be caused by a bump, blow, or jolt to the head, or penetrating head injury.

Blast injuries caused by exposure to improvised explosive devices, rocket-propelled grenades, land mines, mortar/artillery shells, motor vehicle crashes, falls and assaults

Even those who were not obviously wounded in explosions or accidents may have sustained a brain injury

More than half of the military TBIs don't come from combat situations





Traumatic Brain Injury

Between 19% and 30% of all services members in OIF/OEF experienced a TBI

The Defense and Veterans Brain Injury Center (DVBIC) reported nearly 414,000 TBIs among U.S. service members worldwide between late 2000 and 2019.

www.dvs.virginia.gov





Combat Related Traumatic Brain Injury

- Closed brain injuries – very common
- May not exhibit physical wounds
- Many will not report the incident
- Many will not even be aware they've experienced a TBI
- Do not need to physically hit head to cause a TBI
- Overpressure from explosion may scar brain tissue



Traumatic Brain Injury Symptoms

Impact on cognition and memory

Impact on emotion

Impact on behavior





Transitioning from Military Life

- Finding a new identity/purpose (“I was a Soldier” vs. “I worked for the Army”)
- Still feel like a sheepdog
- Establishing a new support system
- Choosing a permanent home
- Healthcare
- Employment
- Benefits
- College
- GI Bill





Moral Injury

Moral Injury is the **damage done to one's own conscience** when that person perpetrates, witnesses or fails to prevent acts that violate one's own moral beliefs (what is right and wrong).

- In order for moral injury to occur, the individual must feel like a transgression occurred and that they or someone else crossed a line with respect to their moral beliefs.



Moral Injury

Examples

1. Using deadly force in combat and causing the harm or death of civilians, knowingly but without alternatives, or accidentally
2. Giving orders in combat that result in the injury or death of a fellow service member
3. Following orders that were illegal, immoral, and/or against the Rules of Engagement (ROE) or Geneva Convention
4. Failing to provide medical aid to an injured civilian, service member or combatant
5. Returning home from deployment and hearing of the executions of cooperating local nationals
6. A change in belief about the necessity or justification for war, during or after one's service

Consequences

Four Hallmark Emotional Reactions:
Guilt, shame, disgust and anger.

- Guilt involves feeling distress and remorse regarding the morally injurious event (e.g., "I did something bad.").
- Shame is when the belief about the event generalizes to the whole self (e.g., "I am bad because of what I did.")
- Disgust may occur as a response to memories of an act of perpetration
- Anger may occur in response to a loss or feeling betrayed
- ***The inability to self-forgive***, and consequently engaging in self-sabotaging behaviors (e.g., feeling like you don't deserve to succeed at work, relationships; or live at all)



Moral Injury



Play this video first:

<https://youtu.be/aU4vJqXfZ8o>

<https://youtu.be/PHRQbZyo0Q8>



Myth or Fact?

- **Deployment is the leading cause of suicide in service members**

False – In the military, failed or failing relationships in the 90 days prior to death were reported in 36.9% of active-duty suicides

- **The majority of service members who die by suicide had a mental illness**

False - The majority of service members who die by suicide were not diagnosed with a mental illness

- **Approximately one-half (51.5%) of Service members who died by suicide received some form of care (though not necessarily suicide- or behavioral health-related care) via the Military Health Service (MHS) in the 90 days prior to death**

True - Although it is not known whether these individuals were suicidal at the time of contact, these contacts could represent opportunities for identification and treatment of suicidal risk

- **The suicide rate is higher in combat veterans than non-combat veterans**

False - Historical data suggests that combat and increased rates of suicide do not appear to be associated, suicide is not higher for troops or veterans who saw combat than for those who did not.



Suicide and 2020 Virginia Statistics

- National Veteran Suicide deaths:
 - 6,146
 - 16.8 / Day
- Virginia veteran suicide deaths:
 - Male – 164
 - Female – 17
- **National** veteran suicide rate – 31.7
- **Virginia** veteran suicide rate – 25.1
- 80.1% of **Virginia Veteran** suicides are completed with a firearm
- 53.2% of the **total national** suicides are completed with a firearm
- National Veteran Firearm Suicide Mortality Rates 2020:
 - Male – 24.3 per 100,000
 - Female – 6.7 per 100,000
- Rural Suicide Rate – 44.9 per 100,000
- Urban Suicide Rate – 38.8 per 100,000



Suggestions When Working with Veterans

- Be military culture competent, but “know what you don’t know”
- Connect the service member with other veterans - help them develop a peer support network
- Don’t make field diagnosis of others, encourage them to seek care
- Do not share your personal views on war or politics –**ACTIVELY** listen to the veterans needs
- Consider loss of identity/purpose (“I was a Soldier/Marine”)
- Refer to support services/organizations



Suggestions When Working with Combat Veterans

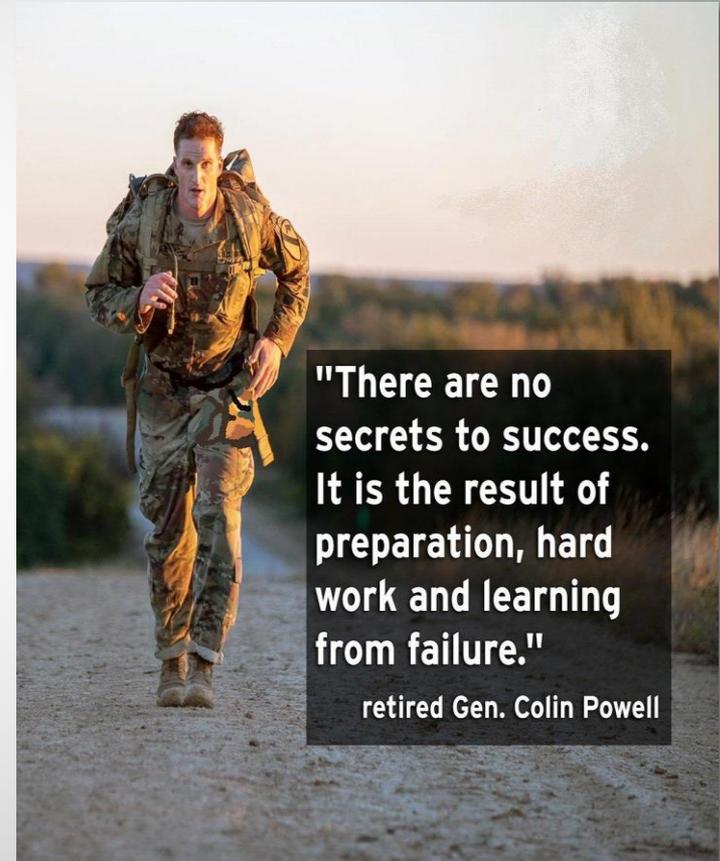
- Do not say “You understand what they have experienced” unless you have experienced combat or military service yourself
- Involve the veteran’s primary support system
- Long term- recognize importance in discussing grief and survivor’s guilt and the impact of experiences on the veteran’s spirituality and belief system
- Refer to other professionals as appropriate



Strengths Resulting From Military Service

1. Leadership
2. Team Work
3. Diversity
4. Flexibility/Adaptability
5. Systematic Planning and Organization
6. Work under pressure/meet deadlines

This video discusses veterans issues with mental health as well as their positive attributes



"There are no secrets to success. It is the result of preparation, hard work and learning from failure."

retired Gen. Colin Powell

<https://www.youtube.com/watch?v=6VmUulPab4M>



Summary

We reviewed the life cycle of military service to include: you decide on a branch, you join the military, receive career training, detailed military culture and history training, you are then placed or assigned to a duty station and then potential deployments and/or operations follow. We then learned about the stressors of military life, transitioning home from deployments, operations and training assignments. During this, we learned about the stressors of combat including the emotional cycle of deployment, reintegration, post deployment dealing with behavioral health and medical issues, transitioning from military life/career back into the civilian sector.

We learned about the military organizational structure, the UCMJ, the 6 different branches of service, their core values and demographics of Virginia Veterans. We learned that every branch (except the Space Force) has a reserve component and that the Army and Air force have a National Guard component.

We reviewed and learned about Active Duty service branches, their mission and their capabilities. Reserve components provide trained units and personnel who are available for AD support including in time of war or national emergency. We learned the National Guard components provide both state and federal support to include war, natural disasters and homeland defense.

Learned how to engage with the SMVF population, therapy and alternative treatments for behavioral health including PTSD, TBI, MST and Moral Injury. We learned about including treatment resource connections, engaging family support, peer support, and crisis services in the treatment plan and to refer early and often.

We learned myths v. facts around the characteristics of suicide. We provided suicide rates with national and local data. We also have provided the Veteran Crisis Line number and multiple suicide prevention trainings available.



How Legal Aid can assist Veterans with their Civil Legal Problems

Consumer: bankruptcy; garnishment; debt collection; other consumer issues.

Employment: wage claims; denial of unemployment; wrongful discharge.

Family Law: custody; child support; divorce

Housing: evictions; bad housing conditions; utility cutoffs

Public Benefits: SNAP, TNAF; denied or suspended benefits.

Domestic Violence: protective orders; often also includes family law issues related to custody, support, visitation, and divorce.

Elder Abuse: domestic violence, financial exploitation, wills, power of attorneys

Kinship Services: legal issues for families caring for children not their own when those legal services will promote the care/nurturing of those children

Health Care: nursing home discharge, Medicaid, Medicare

OTHER: problem not listed, Call us [1-888-201-2772](tel:1-888-201-2772) or applicant can put an application in our website, www.svlas.org



Resources

DVS--Virginia Veteran and Family Support www.dvs.virginia.gov

National Resource Directory www.nationalresourcedirectory.gov

Defense Centers of Excellence for

Psychological Health & Traumatic Brain Injury www.health.mil/dcoe.aspx

Defense and Veterans Brain Injury Center www.dvbic.org

Department of Veterans Affairs www.va.gov

DoD Disabled Veterans www.dodvets.com

Vocational Rehab/Employment www.vetsuccess.gov

Center for Deployment Psychology <http://deploymentpsych.org/military-culture-course-modules>

National Center for PTSD www.ptsd.va.gov

VetsPrevail <https://www.vetsprevail.org/>



Questions??



Microsoft Word Document

Available Suicide Prevention and Mental Health Awareness Trainings

* Click icon to open

Handouts