You Would Think Coming Home is the Easy Part....

Cultural Humility for Healthcare Providers in Caring for Veterans and their Families

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Group Exercise (no, not pushups...yet)

• What *does* a veteran look like, talk like, walk like?
A Taste of the Culture

• The military is unlike any other career and the demands of military life create a unique set of pressures on service members and their families

• For most civilians, your job is what you do; in the military it is who you are

• It is our community with clearly defined rules and expectations
Military service exposes those who serve to stresses and hazards that have no civilian equivalent (Veterans Benefits, 2013).

Upon entering military service the civilian identity is transitioned to a military identity through boot camp, however no transition from military to civilian life is provided for soldiers, airmen, sailors, or marines (Demers, 2011).
Different Branches

- Department of Defense
- Army
- Navy
- Air Force
- Marines

- Department of Homeland Security
- Coast Guard
Unified Forces but Distinct Values

**Army** - “This we’ll defend”
- Core values: Loyalty, duty, respect, selfless service, honor, integrity, personal courage

**Navy** - “Semper Fortis” Always courageous
- Core values: Honor, courage, commitment

**Air Force** - “Aim high, fly-fight-win”
- Core values: Integrity first, service before self, excellence in all we do
Unified Forces but Distinct Values

**Marines** - “Semper Fidelis” Always faithful
- Core values: Honor, courage, commitment

**Coast Guard** - “Semper Paratus” Always ready
- Core values: Honor, respect, devotion to duty
Watch Out For Name Calling

- Air Force “Airmen”
- Marines “Marines’”
- Navy “Sailors”
- Soldiers are in the Army
- Service Member is a good generic term
Active Vs. Reserve

Active Duty
• Duty 24/7
• Lives on or near military base
• Most medical care through military
• Deploys as a unit
• Family deeply entrenched in military culture

Reserves
• Operational reserve or Activated “Weekend Warriors”
• Operational Deployments part of a planned cycle
• Lives in the civilian world
• Most medical care through the community
• May deploy individually
• Family not necessarily entrenched in military culture
"There's been a SitRep of SIGACT near the LZ. You may need CAS or an ASR. Go with the IA or a PSD because the AIF are everywhere. Check with the LMCC first, and don't use LECs. Don't forget your LRCT and PMR, and touch base with RSO when you get there."

WTFO??????????

Learn the Language
"There's been a situation report of significant action near the landing zone. You may need close air support or an alternate supply route. Go with the Iraqi Army or a personal security detail because the anti Iraq forces are everywhere. Check with the logistical movement coordination center first, and don't use locally employed contractors. Don't forget your long range telephone and personal mobile radio, and touch base with the regional security office when you get there."

Road Home
Cultural Humility

A Day in the Life (insert service member’s branch here)

Reveille
Drop your ****s and grab your socks
PT
Triple  S
UOD
DFAC
Duty station
Maintenance
Taps
Shut eye ( or if you stand  24 hour duty Mid Rats)
Salute as needed and Cover/Uncover as needed
Cultural Humility

A Day in the Life Routines and Decisions

• The average service member makes 3 thousand decisions a day

• The average veteran has to (learn to) make 20 thousand

Case in point-

the role of the Navy Corpsman
Common Myths About Military Veterans

- All Veterans have psychological disorders (PTSD, anger issues, TBI, depression)
- All Veterans are “Brain-washed”
- All Veterans joined military because college was not an option (financially or academically)

DON’T ASK THE QUESTION”

“Did you kill anybody...”

It’s just plain inconsiderate and disrespectful

Road Home
Expanding Population

The number of veterans is growing rapidly

- Aging Vets
- Service-connected disabled Vets
- Homeless Vets
- LGBT Vets
- Female Vets
- Families
Expanding Population

BY LIFTING THE BAN ON WOMEN IN COMBAT THE PENTAGON BOLDLY ENTERS THE 21ST CENTURY...
Projected Percent of Female Veteran Population 2013 to 2043

Percentage

Fiscal Year

2013 2018 2023 2028 2033 2038 2043
LGBT Veterans

- Nearly one million gay and lesbian Americans are veterans
- They have served in all military eras since the late 20th century
- In Illinois, there are over 26,000 LGBT veterans
- In Wisconsin, over 10,000
- An estimated 70,800 LGBT individuals currently serve in the U.S. military
- There are more than 36,000 gay and lesbian active duty service members
Homeless Veterans

Special accommodations for over 60,000 U.S. Veterans*

*With over 1.4 million more at risk of homelessness
Veteran's Unique Healthcare Needs

- Traumatic Brain Injury (TBI)
  - Increase due to technology improvements
  - 22% Wounded in Afghanistan & Iraq vs 13% in Vietnam
- Polytrauma
- Hazardous exposure
  - Agent Orange
  - Rabies, Burn Pits,

(Johnson et al., 2013)
Brain Injury’s Impact Upon the Military

• The majority of TBIs sustained by the U.S. military are concussions (82%)

• Of those who sustain a concussion most recover and return to duty within 7-10 days, 85% recover within weeks/months with minimal intervention

• Between 2000 and August 31, 2013, there have been 280,734 diagnosed TBIs in the U.S. military
Veteran's Unique Healthcare Needs

- Chronic Pain
  - 50% veterans, 85% with Polytrauma, & 35% with PTSD

- Post Traumatic Stress Disorder (PTSD)
  - 8-36% of male veterans, 20% women
  - Associated with TBI, MST, sleep problems, substance use, pain, and other psychiatric disorders

(Johnson et al., 2013)
Rates of PTSD

- Estimated rates of PTSD
  - 11-20% for OEF/OIF vets
  - 10% for Gulf War vets
  - 30% for Vietnam vets
- Resilience is the norm!
Veteran's Unique Healthcare Needs

Military Sexual Trauma (MST)

- 1 in 4 women & 1 in 100 men reported experiencing MST (VA, 2014)
- Those with history of MST are at higher risk for self harm and suicide

Substance Use Disorder (SUD)

- Illicit drugs, prescriptions, tobacco, alcohol, and combinations

(Johnson et al., 2013)
Defining Military Sexual Assault and Harassment

• “Physical assault of a sexual nature, battery of a sexual nature, or sexual harassment [“repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character”] which occurred while the veteran was serving on active duty or active duty for training”
Prevalence of sexual assault

Number of sexual assault cases

- Official reports of rape
- Confidential self-reports of “rape”
- Confidential self-reports of behaviors that constitute rape
- Anonymous self-reports of behaviors that constitute rape
Reporting Rates are Low

- Of the women who experienced USC, 66% did not report.
- Of the men who experienced USC, 76% did not report.
- On the positive side, those who report are frequently offered services.
- And consider service members who identify as LGBT and do not report opposite sex encounters.
Substance Use in the Military

Though illicit drug use is lower amongst military personnel when compared to civilian populations heavy alcohol, tobacco, and prescription drug abuse are much more prevalent and are on the rise.

(NIDA, 2013)
Risk Factors

Those with **combat exposure** and **multiple deployments** are at **greatest risk**.

(NIDA, 2013)
Young Veterans: At Risk

According to a report of veterans in 2004 – 2006, a quarter of 18 to 25 year old veterans met criteria for past-year substance use disorder, which is more than double the rate of veterans aged 26 – 54 and five times the rate of veterans over the age of 55.

(NIDA, 2013)
Suicides and Substance Use

Suicide rates in the U.S. Army began to increase in 2004 and had surpassed the civilian rate by 2008.

– The 2010 report of the Army Suicide Prevention Task Force found that 29% of the active duty Army suicides from fiscal year (FY) 2005 to FY 2009 involved alcohol or drug use.

– In 2009, prescription drugs were involved in almost one third of them.

(NIDA, 2013)
Veteran's Unique Healthcare Needs

- **Suicidality**
  
  - 18-22 a day or 1 every 65 minutes, is more than 8,000 a year
  
  - Veterans make up 20% of all completed suicides in the US
  
  - Rates among 18-24 year olds are increasing as are those of military family members

  (Johnson et al., 2013)
The Other Fallen Soldiers

Memorial Day is a time to honor soldiers who died in our nation's service — and it's also important to remember those who took their own lives while serving or after returning from war. In 2012, active-duty suicides hit a record high, outnumbering combat deaths. And veteran suicides were recently numbered at 22 each day, or one every 65 minutes. Here's how that grim number stacks up against some other causes of death in the U.S.

![Clocks with statistics](image)

- Every 3 hours a child or teen is killed by a gun
- Every 2 hours 15 minutes a woman dies from cervical cancer
- Every 1 hour 45 minutes a person dies from a cocaine overdose
- Every 1 hour 5 minutes a veteran commits suicide

More active-duty U.S. soldiers die from suicide than combat

<table>
<thead>
<tr>
<th>ACTIVE-DUTY SUICIDES IN 2012</th>
<th>349</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMBAT DEATHS IN AFGHANISTAN IN 2012</td>
<td>295</td>
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Sources: Children's Defense Fund, Centers for Disease Control and Prevention, U.S. Department of Veterans Affairs, Associated Press

(Huffington Post, 2013)
What is Trauma?

A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event
2. Witnessing, in person, the event as it occurred to others.
3. Learning that the traumatic event occurred to a close family member or close friend. For actual or threatened death of a family member or friend, the event must have been violent or accidental.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event (e.g., first responders collecting human remains)

**Note:** Criterion A4 does not apply to exposure through electronic media unless this exposure is work related.
Traumatizing Military Experiences

- Injury to self or others
- Threat of death (IED blast)
- Death of others
- Witnessing human suffering
- Seeing mutilated bodies
- Killing others
- Military Sexual Trauma
- Moral Injury
• Wilkins- Needs Assessment for Veteran Student Support
• Holladay- Needs Assessment LGBTQ R/T Curriculum
• Stoneman, Long, Yabes, Singh, Miller-The Invisible War
• Ficaro- Have You Ever Served (HYES)
• Adleman, Miranda- EPIC build- HYES
• Singer -EPIC Launch- HYES
• Simonetti, Clincard- Provider Education
• Reiner, Maka, Rozier-Epting - LGBT Veteran Education for Providers
• Hardacker-LGBTQ and Veteran Health Assessment Considerations for Health Care Providers
So PLEASE Ask the Question

HAVE YOU EVER SERVED?

Tell your nurses if you or a family member have ever served in the military. They need to know to serve you better.

Learn why it’s important at www.HAVEYOUEVERSERVED.com
Have You Ever Served? Questions

Determine Military History

Have you or has someone close to you ever served in the military?
- When did you serve?
- Which branch?
- What did you do while you were in the military?
- Were you assigned to a hostile or combative area?
- Did you experience enemy fire, see combat, or witness casualties?
- Were you wounded, injured, or hospitalized?
- Did you participate in any experimental projects or tests?
- Were you exposed to noise, chemicals, gases, demolition of munitions, pesticides, or other hazardous substances?

Have you ever used the VA for health care?
- When was your last visit to the VA?
- Do you have a service-connected disability or condition?
- Do you have a VA primary care provider?

General Areas of Concern for All Veterans

Post-Traumatic Stress
- Have you ever experienced a traumatic or stressful event which caused you to believe your life or the lives of those around you were in danger?
- Experiencing trauma-related thoughts or feelings?
- Having nightmares, vivid memories or flashbacks of the event?
- Feeling anxious, jittery?
- Experiencing a sense of panic that something bad is about to happen?

Suicide Risk

Certain observable cues (affective and behavioral) should prompt the clinician to remain alert to the possible presence of suicidal ideation:
- shame
- humiliation
- irrational thinking
- paranoia
- agitation
- anxiety
- insomnia
- irritability
- despair
- profound social withdrawal
- neglecting personal welfare
- deteriorating physical appearance
- feeling trapped
- feeling like there's no way out
- feeling that life is not worth living
- feeling like there is no purpose in life
- feelings of failure or decreased performance
- sense of hopelessness or desperation
Referrals for Treatment

• VA
• Veterans Crisis Hotline: 1-800-273-8255
• Road Home Program at Rush
• Self-help treatments
  • Mobile applications offered through the VA:
    • Breathe2Relax, CBT-i Coach, Reach Out, Mindfulness Coach, Moving Forward, Concussion Coach
  • Websites:
    • PTSD Coach Online
The road home is a family affair. When your loved one comes home from war changed, you want to help. No family should be alone while helping a loved one. But where do you start?

At the center, we offer help for veterans' families, including counseling to parents, spouses and significant others, and children of veterans.
References


Clark, C. (2010). From incivility to civility: Transforming the culture. Reflections on Nursing Leadership, 36(3).

References


References


