



## Four different research projects

- A qualitative study with veterans and military families
- A qualitative study with social workers and nurses working with veterans
- A qualitative study with veterans volunteering with shelter dogs
- A quantitative study with veterans



## Military Behavioral Health

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### **“We Don't Complain About Little Things”: Views of Veterans and Military Family Members on Healthcare Gaps and Needs**

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# Negative provider interactions

- Depersonalizing/invalidating (“It’s all in your head.”)
- Lack of interest
- Lack of knowledge
- Under/overusing meds
- Comparing/judging
- Civilians don’t care/don’t relate

# Depersonalizing

- Interactions with providers where the Veteran feels invalidated or dismissed—as though concerns don't exist
- *“I tore my rotator cuff in the Marine Corps, and when I went to do the disability claim, I ended up saying forget it. I went down to the doctor; they scanned my arm and looked at it. They said, ‘you have scar tissue. We don’t think you tore it...it’s not a tear. Drink some water.’ And they prescribed me Motrin.” [male Veteran]*
- *“They don’t get that when we say there’s something wrong, we’re serious; we don’t complain about little things.” [female Veteran]*

# Lack of knowledge or interest

- Providers who seem uninterested in helping Veterans get better, are unaware of needs or seem not to know the constraints of the system
- *“...you have to have a paper script to get your pain meds renewed and she forgets to fill out the script. So then she’s gone; she was in [another country] for, like, four weeks....They kept telling me, ‘she didn’t write your paper script. We can’t do anything about it without a paper script.’” [male Veteran]*
- *“[A provider] just sent me back to physical therapy and physical therapy said, ‘you’ve had this problem since 1980. What do you expect us to do?’” [male Veteran]*
- *...I had some tests run. The results came back; I come in to hear the results and she just glazed over the test. I wasn’t satisfied. I said, ‘listen, you really need to give me a more in depth explanation.’ So she glazed over them again. [male Veteran]*

## Over/under use of meds

- From the perspective of Veterans, providers may rely on meds too much or refuse to provide them
- *“I’ve told them that acupuncture helps more than anything else, but they just want to throw drugs at me, so I go every week [to the acupuncturist] and pay for it myself. [female Veteran]*

# On Working with Veterans: What Social Work and Nursing Students Need to Know

*Braden Linn<sup>1</sup>, Lisa Butler<sup>1</sup>, Susan Bruce<sup>2</sup>, Katie McClain-Meeder<sup>1</sup>, Mary Meeker<sup>2</sup>*

## Abstract

**Background:** Specialised care for veterans and military families is needed to respond to the unique health problems they experience. However, specific components of such training have yet to be examined.

**Purpose:** This investigation aimed to gather feedback from social work and nursing students on their experiences in a veteran-specific clinical placement to determine content for a new inter-professional training program at a large northeastern US university.

**Materials and Methods:** Two focus groups were conducted, one with master of social work students (n=8) and one with master's level nursing students (n=4), all of whom had recent clinical placements in a veteran-specific site. A semi-structured interview guide was followed.

**Results:** Three broad categories of themes emerged from the data: challenges encountered (including challenges related to forming relationships with veterans and in working in the American Veterans Affairs healthcare system); strategies for responding to these challenges; and insights for training future clinicians.



# Student recommendations

- Students need to be able to:
  - Develop relationships with pts, other providers and students
  - Work efficiently
  - Be congenial and non-judgmental
  - Learn independently
  - Recognize the limits of their education
  - Be assertive, comfortable with asking questions
  - Comfortable with feedback
  - Utilize supervision effectively and efficiently
- Military culture
  - Branches
  - Values
  - Conflicts
  - Language and acronyms
- Knowledgeable about resources available to Veterans
- Training/orientation specific to the area (e.g., medical SW training or computer orientation)
- Nursing students wanted to be more familiar with PTSD

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# BEST PRACTICES IN MENTAL HEALTH

EDITORS

VIKKI L. VANDIVER • KEVIN CORCORAN

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# Findings: Accomplishments

- Veterans get involved with the program because of a commitment to service and a belief that it might be beneficial to them:
  - *I was in a bad place...I didn't want nothing to do with nobody...I remembered Joe, so I asked him if the Dog Tags program was still going on and he said, 'yeah.' So I told him I'd like to be a part of it and it might be beneficial to me to be around animals.*
  - *[it's] being able to connect with some of the animals, getting rid of that stigma that certain people have about a certain breed. You know a lot of people have that feeling about veterans with PTSD, that we are damaged good or there is something wrong with us.*



# Findings: Accomplishments

- Veterans stay involved because of changes they see in themselves and the connections they make.
  - *I am just relaxed [at the shelter]. My guard is down...I just feel more at ease when I am here as opposed to other places when I am around complete strangers. It's not only the relationship with the dogs, it's also the relationship with the people that are working here.*
  - *I was less snappy, less aggressive.*
  - *I can leave my house and do something like this...I don't just sit around my house and think anymore. I am up here trying to make a difference.*

# Findings: Accomplishments

- Veterans also stay involved because of the positive changes they see in dogs:
  - *She was a really nice dog, but when I met her. She was really afraid and nervous and skittish around people and once I began working with her that fear went away.*
  - *...Frieda [a dog] didn't like her legs being touched. So I would should her that [petting her] is nothing to be scared about. And slowly but surely over time she got rid of that fear of being touched.*



# Findings: Strengths

- Serving with others:

*...it's nice coming here and everyone has the same mindset and we know what we have to do. We work together like an actual group.*

- The program is flexible and has low-barriers to entry:

*...[with] this program, there is less stress. You just come in and you unwind with the dog and there's no one telling you can't do this, you can't do that, you're not qualified to take this dog out.*



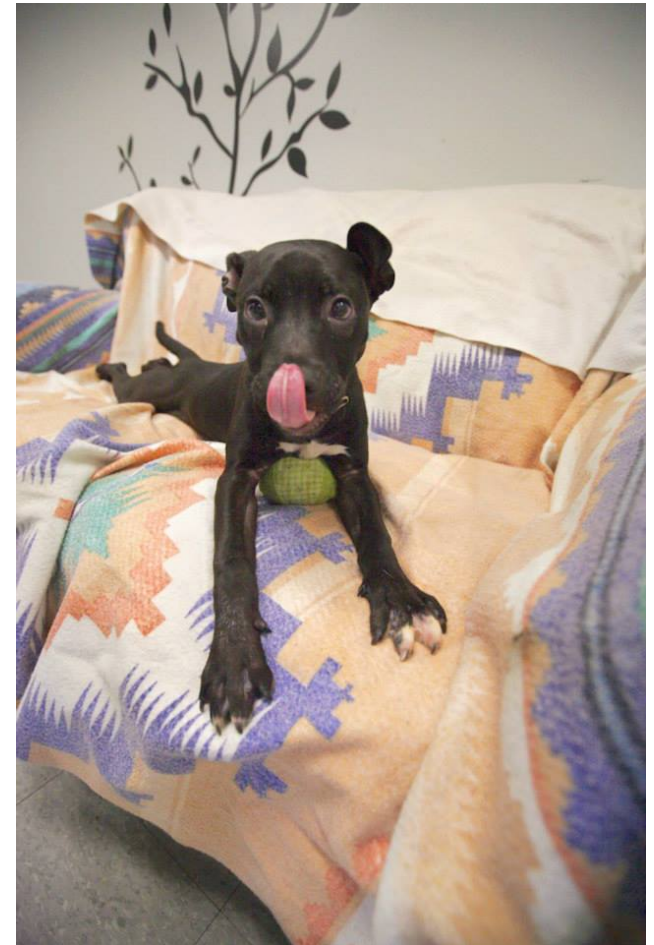
# Findings: challenges

- How to recruit and retain women:

*Guys have been hanging together as veterans for a long time. For women it's something new. And that may be something we need to think about in terms of recruitment.*

- Navigating the emotions associated with the adoption of a dog:

*It's a great feeling but it's like sometimes you hate to see them go, but then you're excited when they do go. It kind of tugs at your heart a little bit, but you know that they are going to be happy—knowing that they are finally out of a place like this.*



# Discussion

- Part of the kinship that exists between veterans and dogs may be attributable to how both are perceived by others:

*...a lot of these dogs that are in here are thrown away, nobody wants to deal with them or their problem, just like veterans.*





# Discussion

- The program's success is attributable to:
  - Low entry barriers
  - Flexibility—veterans can be as involved as they want to be
  - A program champion who assumes administrative tasks
  - The cohesion that develops between veterans
  - The bond that develops between veterans and dogs



**Comorbid posttraumatic stress symptoms and substance use in veterans: Latent class  
analysis and path analysis considering the effects of pre-service variables**

by

Braden Kyle Linn

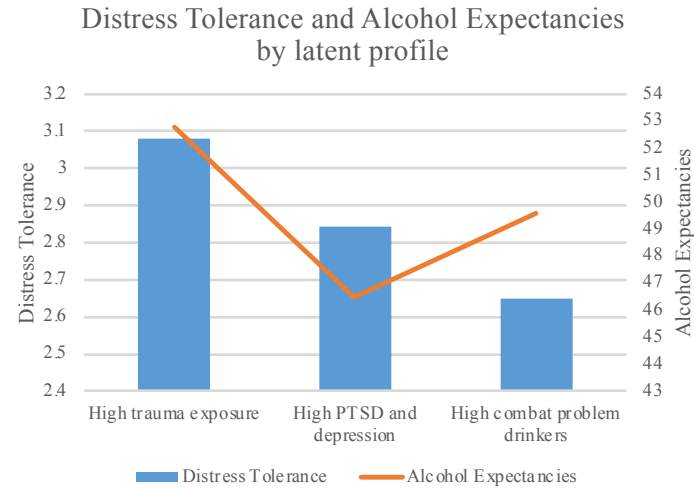
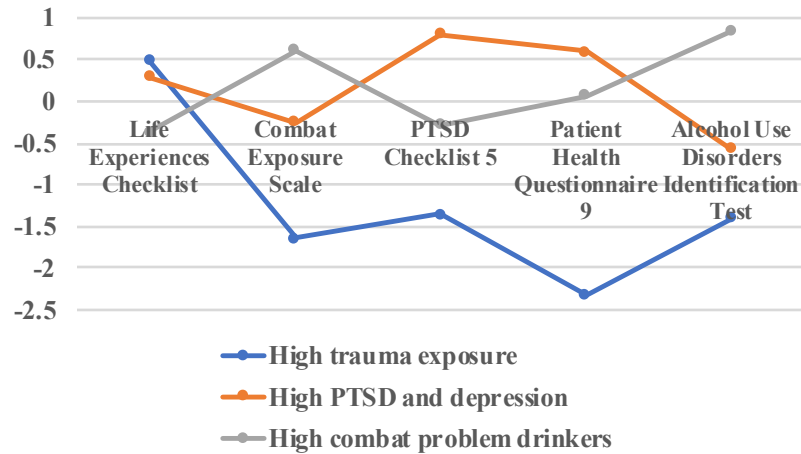
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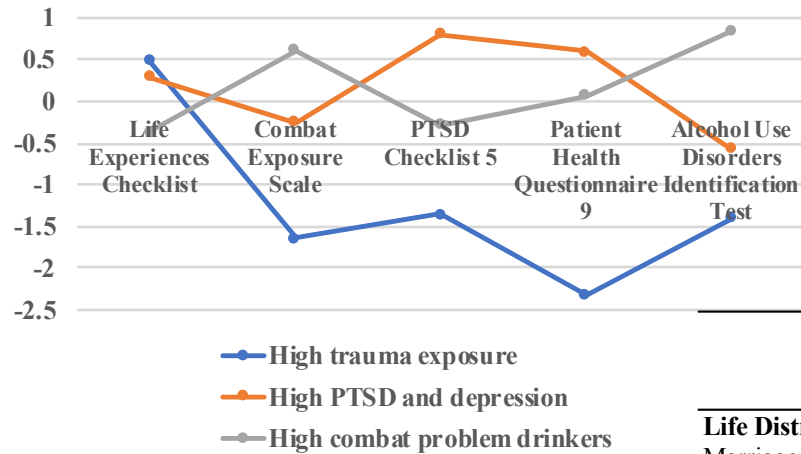
School of Social Work

# Aim 1: Auxiliary variables by profile



	High trauma exposure	High PTSD and depression	High combat problem drinkers	Wald Test	Sample average
Pre-military mental health problem	1.76	1.61	1.71	.97	1.67
Pre-military substance use problem	.73 <sup>1, 2</sup>	1.08 <sup>1, 3</sup>	1.66 <sup>2, 3</sup>	70.68***	1.31
Adverse Childhood Experiences	4.18 <sup>1, 2</sup>	5.25 <sup>1, 3</sup>	5.87 <sup>2, 3</sup>	29.81***	4.58
Distress Tolerance	3.08 <sup>1, 2</sup>	2.84 <sup>1, 3</sup>	2.65 <sup>2, 3</sup>	25.62***	2.78
Alcohol Expectancies	52.78 <sup>1, 2</sup>	46.47 <sup>1, 3</sup>	49.59 <sup>2, 3</sup>	18.85***	52.94

# Aim 1: Auxiliary variables by profile



	High trauma exposure	High PTSD and depression	High combat problem drinkers	Wald Test	Sample average
<b>Life Distress Inventory:</b>					
Marriage	3.40 <sup>1, 2</sup>	2.43 <sup>1, 3</sup>	4.06 <sup>2, 3</sup>	248.83***	3.70
Sex	2.67	2.99 <sup>3</sup>	2.25 <sup>3</sup>	39.94***	4.39
Relationship to spouse	2.51	3.01	3.06	3.89	4.03
Relationship to relatives	2.49 <sup>2</sup>	2.96 <sup>3</sup>	4.77 <sup>2, 3</sup>	251.52***	3.26
Employment	2.18 <sup>1, 2</sup>	3.05 <sup>1, 3</sup>	3.92 <sup>2, 3</sup>	85.73***	3.65
Physical health	2.13 <sup>1, 2</sup>	2.90 <sup>1, 3</sup>	4.76 <sup>2, 3</sup>	318.16***	3.33
Expectations for future	2.69	2.80 <sup>3</sup>	2.31 <sup>3</sup>	19.91***	4.44
Total	27.48 <sup>2</sup>	31.50 <sup>3</sup>	38.44 <sup>2, 3</sup>	128.56***	42.77

# What can be concluded from these data?

- Respect for personhood is paramount
  - Often communicated indirectly or implicitly
- Presentation of symptoms is heterogeneous
- Treatment works but it's not a linear process
  - Treatment also best conceptualized as a system of helping processes