

# How to Engage & Retain Military Clients



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# Learning Objectives

- 1) Be familiar with the unique military structure, jargon and culture
- 2) Describe techniques to understand and engage military clients in treatment
- 3) Learn and incorporate common factors of treatment outcome into mental health treatment planning
- 4) Learn about clinical guidelines and resources for treating military clients in community mental health setting

# Missouri's Military Community



## Population data:

- Active Duty: 25,561
- Active Duty Reserve: 39,861
- Missouri Army National Guard: 11,500 (*approx.*)
- Military Veterans: 497,874
- Active Military Dependents: 70,807

Total: **645,603**

*Ref: VetPop (9/30/2013) and Army One Source (2012)*



# Military Structure



- 4 Branches of the Department of Defense:

**Army.** (oldest and largest) Ground forces, comprised of an Active component and two Reserve components, the Army National Guard and the Army Reserves.

**Navy.** Naval fleet, supplement air support and transportation. Active and Reserve components.

**Air Force.** Air warfare. Active, Air Force Reserve and Air National Guard.

**Marine Corps.** (smallest) Amphibious warfare. Active and Reserve components.

**Coast Guard.** An armed force but not part of DoD, belongs to Homeland Security.





# Active Duty vs. Reserve Forces



## Active Duty

- The permanent, full-time forces
- Benefits
  - Healthcare provided and TRICARE for families
  - Vacation “leave” days
  - Retirement in 20-years
- Challenges: long deployments, training for weeks at a time, held to military and civilian laws/code of conduct, moving every 3-4 years



# Active Duty vs. Reserve Forces



## Guard and Reserve Forces

- Part-time
- Can be called up to augment Active Components
- Benefits
  - Drill pay
  - TRICARE Reserve Select
  - Prorated retirement pay at age 60, if served at least 20 years of part-time service
- Some additional challenges: separation from job or school, live in areas removed from the military community (possible lack of support during and post deployment)

*Note: Guard = state, Reserve = federal*



**Army**

Soldier

**Navy**

Sailor

**Air Force**

Airman

**Marine Corps**

Marine



# Quiz!

- 1) Is this person Army, Navy, Air Force, Marines, Coast Guard?
- 2) Active Duty, Guard or Reserve?





# Military Jargon

(clip)

# Sprechen Sie Military?

## **What was said...**

“Seeing as how the VP is such a VIP, shouldn’t we keep the PC on the QT because if it leaks to the VC, he can end up an MIA then we’d all be put on KP?”

## **In English...**

“Seeing as how the Vice President is such a Very Important Person, shouldn’t we keep the Press Conference on the quiet because if it leaks to the Viet Cong, he can end up a Missing In Action and then we’d all be put on Kitchen Patrol (scrubbing pots and pans)?”

# Military Jargon

## Common Terms

**Area of Operations (AO):** the area in which the unit conducts its mission.

**KIA:** Killed in Action

**WIA:** Wounded in Action

# Forward Operating Base (FOB)

This is a forward military position that supports tactical operations.



Forward Operating Base Sharana, Afghanistan

**Combat Outpost:** A detachment of troops stationed at a distance from the main force.



Outpost Restrepo, Korengal Valley in the Kunar Province, Afghanistan

**Patrol:** A military unit moving about an area for the purposes of reconnaissance or combat mission.







### **IED (Improved Explosive Device):**

A homemade bomb constructed and deployed in a nonconventional way.

### **MEDEVAC:**

The evacuation of a casualty from a forward area to hospital or base.



**“The Rear”**: A place away from enemy combatants, where it is relatively safe.





# Military Jargon

Online resources available to learn military terms and acronyms:

- DoD Dictionary of Military Terms. A word search engine.  
[http://www.dtic.mil/doctrine/dod\\_dictionary/](http://www.dtic.mil/doctrine/dod_dictionary/)
- Rubicon Planning. An independent logistical support company offers an extensive list of military terms and definitions.  
<http://militaryterms.net/>

## By age 24...

I had moved away from home in California and left behind family and friends; resided in Georgia and then Germany; traveled to three countries in the Middle East (deployed); owned two different cars; got married; was in debt (living beyond my means); seen death several times; responsible for several soldiers and several millions of dollars worth of equipment and was paid less than \$20,000 a year.

# Why Should We Focus on the Military?

Based on national statistics of Veterans in current conflicts:

- 6.5% Suicidal ideation
- 16.5% PTSD
- 19.5% TBI

*Army One Source*

# Why Should We Focus on the Military?

- Spouse abuse rates:  
2008 – 6767 compared to 2010 – 8411<sup>1</sup>
- Child abuse rates (per 1000 children):  
2008 – 4.7 compared to 2010 – 5.7<sup>1</sup>
- The traumas of the military community may impact multiple generations



<sup>1</sup> Army One Source

# Inside the Military

## The differences between Civilians and Military

- Self vs. team
- Open vs. closed society
- Less structured vs. very structured



# What Makes Military Unique?

- Our job conflicts with beliefs (inner conflict)
- Talk down their achievements
  - Its all about the TEAM
- The problems are just a byproduct of war
  - “Suck it up and drive on” or “FIDO”
  - *Filling the rucksack*
- The military life brings loss (for both service members and their families)

# What Makes Military Unique? (continued)

- Leaders don't have problems
  - Impacts team
  - Removed from job
- The job breaks down the body (mentally and physically)
- *The Warrior Ethos*



# Impact of Military Ethos, the strengths and vulnerabilities

- Selflessness
- Loyalty
- Stoicism
- Moral Code
- Excellence

*Ref: Military Culture: Core Competencies for  
Healthcare Professionals Self-Assessment  
and Introduction to Military Ethos*



# Where the Military Seeks Support

- Within the units:
  - Soldier's training
  - Medics
- Medical support units:
  - Troop Medical Centers
  - Military hospitals
- Chaplain corps
- Veterans Administration/Veterans Health Administration
- Community services

*“Everyone’s war experience is different. Whether in a tent behind the safety of walls or out on a road looking for bombs. Clinicians [need] to minimize reports of light or minimal exposure to combat. They should bear in mind that in civilian life, for example, a person could suffer from chronic PTSD as a result of a single, isolated life-threatening experience (such as physical assault or motor vehicle accident)”.*

*Ref: Iraq War Clinicians Guide*

# Providing Support

- Important initial needs of Veterans are to be heard, understood, validated and comforted in a way that matches their personal style.
- Will answer Yes or No to end a discussion
  - Don't ask "do you get enough sleep?". Instead ask "how many hours of sleep did you get?"
- May have more life experience
- They come from a closed society
  - Many feel *if you haven't walked in their boots, you just don't know!*
- The clinician's personal attitudes

# Providing Support (continued)

- Structure
  - having some knowledge of how the military is organized can save you from a huge *faux pas*
- Don't be afraid of the jargon
  - tell the client up front that you are still learning terms and acronyms.
- May be missing the military structure
  - Life was simple then, less choices

# Providing Support (continued)

- Military life may conflict with beliefs and comes with loss
- Cultural Competent Behaviors (CCBs)
- There are several resources available to assist clinicians in working with the military
  - Handouts developed by the Missouri Department of Mental Health in partnership with the Missouri Behavioral Health Alliance
  - Connect clients to your services  
<http://dmh.mo.gov/veterans.htm>

# Questions

