



**THE OHIO STATE UNIVERSITY**

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OFFICE OF STUDENT LIFE

# Serving Military and Veteran Students

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# Common Barriers to Seeking Treatment

- Stigma (particularly within their military community)
  - Fear of being seen as weak
    - Shame
- Lack of awareness around mental health and treatment options
  - Career goals



## Accessing Services

Recognizing that seeking mental health care can be difficult for Military and Veteran students, CCS partnered with The Office of Military and Veterans Services to make the process of connecting with CCS more straightforward.

- Military/Veteran students may call the front desk, identify as Military/Veteran over the phone, and be scheduled directly with Danielle for an “urgent” appointment (if needed, Berhane can serve as a backup urgent).
  - The purpose of the appointment is to complete an initial assessment and to connect the student with most appropriate resources.*
- If a Military/Veteran student goes through triage process, student should still be offered an appointment with Danielle for support with connection.



# Initial Screening/Appointment

- **Establish trust**
  - Timeliness
  - Genuineness
  - Explaining Confidentiality
- **Respect their service**
- **Knowledge of military culture**
- **Try to learn about their military background**
  - **Share your connection**



# Risk Assessment

- **Risk Factors-Military Specific Considerations**

- Loss of respect/rank/status
  - Service-related injury
- Adverse deployment experience
  - Combat experience
- Career threatening change in fitness for duty
  - Transitions
- Leadership/command stress
- Exposure to extreme stress
- Access to lethal means-Always inquire about access to firearms and ammunition, to include privately-owned firearms. Follow up with questions around how weapons and ammunition are stored.
- Military Sexual trauma
- TBI (Mild TBI or concussion is one of the most prevalent combat injuries-roadside bombs-Iraq and Afghanistan)
  - Rage/Anger
  - Substance Use/Abuse

(VA/DoD Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide)



## Risk Assessment Cont.

- There were more than 6,000 Veteran suicides each year from 2008 to 2016.
  - In 2016, the suicide rate was 1.5 times greater for Veterans than for non-Veteran adults, after adjusting for age and gender.
  - 20% of completed suicides in US committed by Veterans (Bruce, 2010).
    - Most Veterans who die by suicide use firearms.
- VA Suicide Prevention Coordinators distribute free gun locks in their communities (Christa Page).
- 46% of veterans on campus consider suicide, compared to 6% among civilian college students (Rudd et al., 2011)
  - Mental health concerns, substance use

[https://www.mentalhealth.va.gov/docs/data-sheets/2015/Ohio\\_2015.pdf](https://www.mentalhealth.va.gov/docs/data-sheets/2015/Ohio_2015.pdf)



# Community Provider Options

- Blue Boat Counseling (Andrew Sears-U.S. Air Force Veteran)
- Open Arms Counseling (Patrick Mettle-U.S. Army Veteran)
- SWinter Counseling (Scott Winter-U.S. Army Veteran)



# Individual Therapy with Veteran and Military Student Populations

A few things to keep in mind

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| <b>Military Culture/Life</b>                | <b>Civilian Culture/Life</b> |
|---|------------------------------|
| Uniformity                                  | Uniqueness                   |
| Anonymity                                   | Individuality                |
| Depersonalization                           | Choices/Autonomy             |
| Expendability (“mission is more important”) | Relaxation/Leisure           |
| Discipline                                  | Luxury                       |
| Teamwork                                    | Emotionality                 |
| Stoicism/Emotional Control                  | Sociability                  |
| Orderliness                                 |                              |
| Conserve resources                          |                              |



# Issues related to adjustment

- **Elevated levels of psychological distress—depression, anxiety, PTSD, etc.**
  - Suicide risk
- **Substance Use Issues**
  - Alcohol, tobacco, stimulants, etc. commonly used while in the military
    - For some, it may be their first time having access and/or being exposed to substance use behaviors (often a more extreme version)
  - May have difficulty stopping/decreasing use after discharge (especially if experiencing adjustment-related issues)



## Issues related to adjustment (cont.)

- **Decrease/Inadequate engagement in health promoting behaviors**
  - Decrease in exercise, poorer diet, decrease in regular medical check-ups/physicals, etc.
  - Poor sleep habits (often learned while in the military)
- **Hesitation to seek (or stay in) professional mental health care**
  - Stigma—fear of being seen as “weak”
  - Paranoia/mistrust
    - If continuing in the military (e.g., reservist or active duty)—concern about documentation/confidentiality, taking medications, etc.
  - Barriers to care: younger age, male gender, nonwhite race, and living in a rural area (Pietrzak et al., 2015, Harpaz-Rotem & Rosenheck, 2011)



# Issues related to adjustment (specific to student veteran/military populations)

- **Veteran and military personnel population account ~2% of college students**
- **Only 15% of student veterans are traditionally aged college students (i.e., 18-23).**
  - 80% are over age 25
  - ~47% are married
  - ~47% have children



# Student Veterans' Voices

<https://www.youtube.com/watch?v=diEbUt8qwhs&feature=youtu.be>



# Issues related to adjustment (specific to student veteran/military populations)

- Feeling underrepresented on-campus
  - Especially coming from an environment where they were “part of a unit”
- Difficulty identifying with their college peers - “not fitting-in”
- Frustration due to *perceived* immaturity, disrespect of authority or ignorance (especially about military service) of nonveteran/military students and/or professors
- Thinking “too old” to socialize with their college peers—may lead to social isolation
- Juggling multiple demands—work, family, etc.
- Long gaps b/t schooling—i.e., difficulty “getting into study/school mode”



# Issues related to adjustment (specific to student veteran/military populations)

- Post-traumatic stress disorder, depression, relationship distress/use, and substance use most common diagnoses among student veterans (Fortney et al., 2016; Seal, 2008)
- OIF/OEF/OND\* veterans may be enrolling in higher education with minor to severe service-related disabilities, including TBIs (Cate, 2014, Klocek, 2008)
  - Possible cognitive impairments and chronic pain that can task emotion regulation ability and impact academic success

**\*Operation Iraqi Freedom/Operation Enduring Freedom/Operation New Dawn (the Iraq and Afghanistan wars)**



# Factors that may influence successful/unsuccessful adjustment

- **Pre- military experiences—particularly experience of childhood adversity/trauma**  
Asking reason for joining the military can provide information on this
- **Experiences while in military**  
e.g., unit cohesion, adequate training for assigned task, long deployments/separation from loved ones, long stretches of boredom, high combat exposure, rank (enlisted vs. officer), etc.  
-Trauma Severity



# Factors that may influence successful/unsuccessful adjustment (cont.)

- **Lack of social support post-discharge** (e.g., being unmarried, low perceived social support, etc.)
- **Younger age**
- **Lower SES** (Lower level of education)
- **Family psychiatric History**



# Goals during treatment

- Difficulty with anger/irritability a common presenting concern (especially for male-identified veterans)
  - need to assess for underlying depression, anxiety, PTSD, etc.
- Acknowledging important skills learned during military service
  - “what’s the mission now?”*
- Moving toward identity and value integration
  - “what’s important to you now?”*



## Goals during treatment (cont.)

- Fostering flexibility and emotion regulation skills.
  - highlighting what was adaptive then may no longer be adaptive now
- Exploring adaptive ways of expressing negative affect (particularly anger)
  - addressing fear of “losing control”
  - assertiveness training--Assertive **vs.** Aggressive/Passive/Passive-Aggressive ways of responding



## Goals during treatment (cont.)

- Exploring different ways to feel connected to others:
  - “find your community”
  - student organizations based on interest (e.g., sports) and off-campus groups/associations
  - taking advantage of volunteer opportunities based on interest
  - re-connecting with friends made while in the military
  - fostering/nurturing family or pre-military peer relationships



## Goals during treatment (cont.)

- Connecting with other helpful resources on-campus:
  - Office of Military and Veteran Services
    - \*Salience/importance of veteran/military identity
  - Academic Coaching—Dennis Learning Center
  - SMART lab (Veteran Relaxation Group)
  - Disability Services—for academic accommodations
  - Wellness programming—improving health behaviors (sleep, diet, etc.)



# Questions?





## **Reflection Activity**

**What are some of the hesitations you have about working with (student) veteran or military clients?**

**Did anything change for you, following this presentation/training?**



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