Webinar Follow-up Question and Answer Session with Seth Hayden

**Question from Hank Crofford**
I am currently on track to become a level 3 tiered provider with star behavioral health providers, which would enable me to be a provider for tricare in Indiana. Is this program and its benefits for service members something you would recommend?

**Answer from Presenter**
It seems as if this program has merit. The creators of the program such as the Military Family Research Institute at Purdue University as well as the Center for Deployment Psychology have done tremendous work in my opinion to enhance our understanding of the experience of military service members and their families. The simple fact that they are involved lends credibility to the effort in my view.

**Question from Nick Kicior**
In what ways can therapists advocate for and assist with Veterans Treatment Courts?

**Answer from Presenter**
In terms of Veteran Treatment Courts, there does appear to be some benefit to this manner of supporting veterans with substance abuse and other concerns. In terms of a therapist working with a veteran involved in this program, my thought is to become aware of the structure of the treatment court, get a sense of what is required of your client, and determine how you may be able to use mandated action as a part of their involvement to your advantage in therapy (e.g. getting a sense of adherence to treatment by checking in with the client if there are new developments in their interaction with the treatment courts).
I would also be sure to get a sense from the client of their perception of this activity and the degree they are comfortable with our discussing what occurs. I would want to be careful as to not create too much of a perception of collusion on my part with the court as that may create a barrier to therapeutic engagement. As always for me, I would let the client be my guide as to how to appropriately integrate this support into our work.

**Question from Peter Chirinos**
Many service members that I see in my practice have attempted to obtain adequate and timely behavioral health services through TRICARE, Military OneSource, etc. however are unable to get the services they need, either specialty services or frequency of sessions. What recommendations would have for community based LPCs who work with servicemen & women who have secondary trauma from the inability to provide adequate services to them from the pathways which are already established for them on their base?

**Answer from Presenter**
This is an interesting question. I think for me, I usually try to get a sense from the client of their sense of the supports in place for them and their perceptions of current and past interactions with these resources to
determine what he or she found to be useful or unhelpful. I do think it is important to be aware of the cost of seeing me in the community as opposed to them receiving free care on the installation and would discuss this with the client. That being said, they may still desire to see a community-based provider for the reasons you mentioned such as inadequate and/or ill-timed care. If it seems appropriate, I might consider working with providers on the base to create a web of support and utilize consent to exchange information with those providers as we may concurrently work with the military service member and/or family member.

**Question from Teodora Tecu**

Dear Professor Hayden, I am Teodora Tecu, I live in Romania, Deveselu, Olt County, the location where elements of the US antimissile shield will be deployed. I would like to know: what are the main challenges to overcome for service members and their families moving abroad, in a non-combat zone, like Romania.

**Answer from Presenter**

Hello Teodora. Thank you for attending the talk. In my view, a challenge for military service members and families abroad is a potential disconnect from their primary support system (e.g. family, friends, etc.). I do think a significant benefit to the culture of the military is the connectivity amongst military service members and their families. I also sense their acceptance of the reality of relocation and being adaptive to that reality can also be an asset. If I were to work with someone who is abroad, I would check in with them as to how they are managing the transition to the new location, the available resources that can be beneficial with the transition, and her or his sense of the social support in their new location. If there are issues in these areas, it might be useful to work with the service member to develop strategies to address areas of concerns related to the transition.

**Question from Annette Larie**

Are there any opportunities available for NCC’s to offer counseling for veterans?

**Answer from Presenter**

There appears to be an emergence of opportunities for counselors to work with military service members and veterans. There has been some movement in which counselors are being hired within the U.S. Department of Veterans Affairs Veterans Health Administration. There still seems to work to do regarding increasing access to military service members in the Department of Defense. There are some opportunities through Veteran’s Centers as well as organizations such as Military Onesource for counselors to work with this population. In addition, there are opportunities through the Military & Family Life Counseling Program for counselors to provide services. In addition, you can find opportunities to work as a Licensed Professional Mental Health Counselor with the U.S. Department of Veterans Affairs by searching on [www.usajobs.gov](http://www.usajobs.gov). I strongly encourage you to keep an eye on the advocacy efforts of the American Counseling Association and the National Board for Certified Counselors as new developments related to counselors’ access to military service members, veterans and their families is continually emerging.
**Question from Teodora Tecu**
What percentage of military service members suffer from PTSD?

**Answer from Presenter**
There are several different statistics related to military service members and veterans who have developed post-traumatic stress disorder. A recent meta-analysis of veteran of Operation Enduring Freedom (Afghanistan) and Operation Iraqi Freedom found that the prevalence of PTSD is roughly 23% (Fulton et al., 2015), which appears to fall within the percentage range of various studies I have read on the topic.

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**Question from Maria McCabe**
How can we get more involved with this population? Are there any programs/internships available in Northern Virginia?

**Answer from Presenter**
As I stated before, there are several programs such as Military Onesource or Veteran’s Centers that may provide opportunities to access this population. There may also be community agencies that have developed relationships with military-oriented organizations that may have access to this population. In terms of program and internships in northern Virginia, I would encourage you to contact military-connected organizations to gauge the availability of these opportunities. If you are in graduate school, working with your clinical program manager to locate these opportunities can be helpful. You also may need to be creative in generating these opportunities. When I was in my doctoral program, we developed a relationship with the Defense and Veterans Brain Injury Center in the area to provide services to their patients. It took some effort and time, but we were able to make it happen. The American Counseling Association is actually working on increasing access to internships for graduate-level counselors so more information may emerge in the near future.
Question from Annette Larie
Do you see differences between veteran’s active duty in terms of type of service especially combat versus non-combat either among veterans themselves and/or the public image?

Answer from Presenter
I do think there are some unique aspects of veterans’ specific service that would be useful to discuss with clients. One element to consider is that not all those who have served call themselves veterans as this term can be viewed as referring more to those who have had combat experience. When inquiring about whether your clients have military experience, a potentially more appropriate question would be “Have you served in the U.S. armed forces?” This somewhat speaks to that perspective within the culture of the nature of your service.

Asking the client to share their experience in the military and the manner in which they perceive their service can provide insight into this aspect of their identity.

I do think that those in support capacities have also been exposed to significant situations so not solely relying on the client’s military occupational specialty (MOS) as a determinant of the nature of their service is important. Whether it be peace-time service or combat-related service, having the client discuss their service can be helpful in informing our counseling work.

Question from Ida Duplechin
Isn't VFW only for veterans of "declared" wars?

Answer from Presenter
This is the information I received from the Veteran of Foreign Wars website (http://www.vfw.org/Join/Eligibility/) regarding eligibility to join their ranks.
“If you have received a campaign medal for overseas service; have served 30 consecutive or 60 non-consecutive days in Korea; or have ever received hostile fire or imminent danger pay, then you're eligible to join our ranks.”

Question from Rebecca Riales
Prolonged Exposure can be horrifying. Where is the broader discussion of how phenomenally effective EFT/tapping can be?

Answer from Presenter
I am unfamiliar with the research on this approach in relation to addressing issues of trauma. I do agree that prolonged exposure can be an affectively intensive experience. Counselors who determine prolonged exposure would be useful would be wise to continually monitor the emotional experience of the client and to generate strategies in which to assist the military service member or veteran in deescalating trouble emotional states while engaging in the prolonged exposure technique. Ensuring the emotional and mental well-being of the client should be a top priority. Whether through the strategy you mentioned or others that may be useful, collaborating with the client to determine interventions that will assist them in managing their emotional response during the prolonged exposure technique is critically important.
Question from Teodora Tecu
Would it be possible to give us a case example of reshaping the beliefs of military service veterans?

Answer from Presenter

There are instances in which I have worked with military service members who have suffered injuries that will prevent them from being able to serve in the same capacity as they were able prior to the injury. One of the strategies I have used in this instance is to get a sense of the military service member’s belief of themselves relate to the injury. One message that seems to come up is “I am no longer of worth due to my inability to serve in my role within the military”. Due to the identity, pride, and sense of responsibility military service members have to each other, this kind of belief can emerge making it difficult for them to consider personal goals moving forward.

I often use the ABC (activating event – belief- emotional consequence) model of cognitive behavioral therapy to address this type of personal messaging. We identify when this message appears to emerge, the belief associated with the event, and the emotional consequence of this belief. We then do a critical analysis of this belief to determine if it is accurate and functional. Next, we work together to develop a new belief that will be more useful for them moving forward. We subsequently test-drive the new belief within the client’s experience to determine the impact of this new way of thinking making modifications of the belief when necessary. We continually refer back to the ABC model to contrast the old and new belief. Lastly, any positive change is credited to the client and discussion occurs as to the generalizability of our work to other aspects of their current and future experiences.

Question from Tracy Still
What would you suggest as a starting point to working with students in a school setting and coordinating or contacting community resources?

Answer from Presenter

A starting point in my view is to determine the students within the school setting who are members of military families within the school setting. Once this is determined, checking in with both the students and the families regarding their experience in the school and in general can be useful in understanding their needs. I would also become familiar with the community resources that are available to military-connected families and have that information available during these conversations. In developing my knowledge of community resources, I would personally contact these agencies in order to get a fuller understanding of their purpose and the manner in which they operate. This can assist in making a more appropriate referral and enhancing the continuity of care. Finally, I would consider developing specific interventions that focus on common issues within military families such as facilitating groups on such topics as transitions, recent loss, and relationship troubles.
Question from Brittany Cambridge
How do you get counselors to understand the unique experiences of spouses, especially when they cannot grasp that experience at all?

Answer from Presenter
In terms of learning more about the experiences of spouses, I encourage counselors to take opportunities to engage with the members of this population to learn more about their experience. Whether it is speaking with extended families and friends who are military spouses, or engaging in professional development activities such as attending conference presentations, reading articles related to research on the topic (http://www.rand.org/topics/military-families.html), and/or attending webinars on the experience of military spouses, being committed to learning about the unique experience of military spouses is an important aspect of being an informed provider. There are also various other resources such as YouTube videos like the one made by the college of education at Kansas State University entitled “A Walk in My Shoes: Military Life” (https://www.youtube.com/watch?v=EqvHKjvEWtU) that provide some insight as to the experience of military service members and their families. In addition, the Military and Government Counseling Association (MGCA), a division of the American Counseling Association, has several resources as well as members who are military spouses. Interacting with members of MGCA can provide insight as to the experience of military families’ members. More on MGCA can be found at: http://acegonline.org/.

Question from Joanne Steen
80% of military deaths are sudden ones. Can you comment on the impact of these deaths on other military families in the unit?

Answer from Presenter
This is an interesting question. It does seem that a close bond within military families can create significant connections in which the loss of someone in the unit is felt strongly by other military families of members of the unit. Another consideration may be the potential guilt/relief that may be felt by other families who did not lose someone. When working with these families, providing a safe environment in which they can explore their reaction to this type of experience can be useful.

Another aspect is the difference between those who are active duty versus those in the National Guard and reserve. Those in active duty may have close connections with other military families who live on the installation which can provide a significant support network for a sudden loss. Those military family members connected to the National Guard and reserve units may primary exist within civilian locations meaning the support network of other military family may not be as readily available. As a counselor, it seems important to consider the needs of these families and assist with developing connections amongst these families, which can be helpful when experiences such as sudden loss occur.

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