



SERVING VETERANS AND MILITARY FAMILIES

Best Practices for Human Service Professionals

A report on the conference held
March 7, 2014 at the University of Washington Tacoma

USC Social Work

*Center for Innovation and Research
on Veterans & Military Families*

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University of Washington Tacoma—March 7, 2014

Prepared by the Center for Innovation and Research on Veterans & Military Families

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OVERVIEW

Since 2001, more than 2.6 million troops have been deployed to Iraq and Afghanistan. Their reintegration back into civilian society can often be met with difficult transitions, such as depression, health challenges and unemployment. Alone, they are unique struggles to overcome, but, as is often the case, many of these challenges overlap and can have an adverse impact on a veteran's functioning and quality of life.

Securing gainful employment has been seen as a key goal to a successful transition from military to civilian life. Not just for the financial stability it creates for a veteran, but also for the social secondary benefits it engenders for the veteran and the community at large. Veterans are leaving a military culture that promotes unit cohesion, leadership and mentorship. In the civilian workplace, veterans are looking for teamwork, structured work schedules and social activities, all of which can promote a successful transition and improve their quality of life and well-being.

Nonetheless, despite numerous efforts, the unemployment rate for post-9/11 veterans remains stubbornly high. According to the U.S. Bureau of Labor Statistics, in February 2014 the jobless rate for this population was 9.2 percent, 2.3 percentage points higher than the national rate.

Obstacles exist in educating civilian employers about the strengths and challenges facing veteran workers. Once hired, veterans would also benefit from employee assistance programs and social workers in human service agencies who can understand and mitigate some of those challenges.

Serving Veterans and Military Families: Best Practices for Human Service Professionals was presented by the University of Washington Tacoma Social Work Program, in partnership with Prudential and the Center for Innovation and Research on Veterans & Military Families (CIR) at the USC School of Social Work. This is the second collaboration between Prudential and CIR aimed at bringing together front-line workers to discuss best practices to help transitioning veterans find and retain meaningful employment.



The State of Washington is home to more than **607,000 veterans** and **46,000 active-duty** military members. The Puget Sound region accounts for a majority of those members, particularly because of the presence of Joint Base Lewis-McChord near Tacoma, Wash. Every year, about **9,000 troops** exit through the Joint Base and many settle into nearby Seattle and Tacoma. Additionally, **13,000 veterans return** home each year to the Pacific Northwest after their leave.

KEYNOTE ADDRESS

Anthony M. Hassan, EdD, LCSW

*Director, Center for Innovation and Research on Veterans & Military Families
Clinical Professor, University of Southern California School of Social Work
Major, U.S. Air Force (Ret.)*

The keynote address at *Serving Veterans and Military Families: Best Practices for Human Service Professionals* was given by Anthony Hassan, director of the Center for Innovation and Research on Veterans & Military Families at the University of Southern California School of Social Work, where he also chairs the school's Military Social Work program. A retired Air Force officer, Hassan previously directed a master's program in counseling and leadership at the Air Force Academy in Colorado Springs.

Addressing a crowd of more than 250 social workers and practitioners, Hassan said that the challenges facing this generation of veterans are great. After 12 years of war and no end in sight to international conflicts and stressors, transition challenges and issues—both physical and psychological—would be inevitable. American men and women are returning weary and coming to communities that might be ill-equipped to meet their needs.

Social workers are in a prime position to help ease these transitions, especially when veterans return to civilian workplaces.

To be most effective, employers and behavioral health practitioners should understand the military culture that has guided veterans for years. Unit cohesion, discipline and teamwork hold high value in the military, which are skills that employers can appreciate. On the other hand, the appearance of weakness leads many veterans and service members to delay treatment of any kind, but primarily for mental health services.

Hassan told the social workers and behavioral health practitioners present that they would need to help bridge this divide and must work to dispel the stigma that seeking mental health services will ruin a career.

"It's not mental health, it's the behavior of people who need help that don't get it that ruins a career," Hassan said.





Anthony Hassan presents video clips used by the Center for Innovation and Research on Veterans & Military Families as a tool to assess military clinical skills.

Hassan said that oftentimes untreated mental health issues manifest into disruptive and dangerous behaviors, such as aggression, fighting, domestic abuse, excessive drinking and DUIs. These are the issues that can spill out of someone's personal life and negatively affect their professional military career.

Unfortunately, the repercussions of this reticence to seek help can have far-reaching consequences. Aside from ending a military career, it can impact the level of services received after discharge. Had a service member received mental health services early on, the negative behaviors that led to their discharge could have been associated with a diagnosis and they would have been able to either remain in the military or exit with access to full benefits.

Hassan also discussed the dual role that many social workers and clinicians may have to face, especially if they're working with active-duty service members and National Guardsmen. It is a controversial notion, but one that requires an up-front approach, Hassan said, primarily because the therapist might uncover an issue or diagnosis that makes it unsafe for the service member to return to work and perform his or her duties. In those instances, the therapist not only has a duty to the client but also to the commander to ensure the safety of everyone in the unit.

If practitioners understand these issues and normalize seeking help within companies, it will go a long way to helping ease a veteran into the civilian workplace.

PANEL DISCUSSION

Challenges and Successes Transitioning to Civilian Employment and Education

Panelists: Dannette Johnson, University of Washington Tacoma • Sean Lanegan, University of Washington Tacoma • Stephen Robinson, Prudential • Jonathan Wicks, Vet Center

Moderator: Peter Schmidt, PsyD, Veterans Training Support Center

As more and more veterans return home to new civilian lives, it is important for practitioners to know that not all veterans are the same, nor do they share similar transition stories. Understanding general strengths and challenges among the post-9/11 population will help veterans find their place in civilian society.

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Panelists shared their personal stories of transitioning to civilian life and what they found most helpful during the process. One common denominator among all the individual stories was that someone or something helped them find meaning in their new surroundings.

Transitioning from the military is not an easy process—no matter if you've been in for a few years or decades.

"For 23 years, I knew exactly who I was supposed to be, where I was supposed to be, what to dress like, what to act like," said Sean Lanegan, a retired Army lieutenant and University of Washington Tacoma social work student. "I had to find out who I was and know how to translate that to an employer."

Stephen Robinson said that when he left the Army after 20 years, he migrated to some stereotypical jobs, like security work and protection. "I assumed that I needed to find a job that involved guns. I didn't realize I had other skills," he said. Eventually, he found work in the nonprofit sector working with the veteran community and using his leadership skills as an executive director.

As panelists also discussed what they considered to be most helpful in navigating their transition back to civilian world, a common theme arose. Most said that connecting to other veterans or other people who understood their situations was instrumental in helping them find their footing, whether in a new job or at a higher-education campus.

Also important and relevant to the practitioners in attendance was to have access to people who were aware of what this generation of post-9/11 veterans had experienced, even if they hadn't served themselves. There are certain issues that will arise after prolonged, sustained combat. However, equally important, is that every veteran is unique and they should eschew stereotypes, such as all veterans have post-traumatic stress, traumatic brain injuries or are "ticking time bombs."

BREAKOUT SESSIONS

- ***Working with Veterans in the Workplace***

This breakout session focused on providing practical skills and tools to employers and employee assistance program providers.

The U.S. Department of Veterans Affairs developed an online toolkit aimed at helping employers, managers and supervisors, HR professionals and employee assistance programs relate and support their veteran employees. The toolkit provides valuable knowledge about military culture and the strengths that veterans can bring to the workplace. It also highlights some unique challenges associated with National Guard and Reserve members, who often return to civilian communities without the same level of support as those from other service branches. To access the toolkit, visit va.gov/vetsintheworkplace.



• ***Suicide Prevention***

When a mission ends, some veterans have trouble finding a sense of purpose in the civilian world. In extreme situations, their transition challenges could include depression, apathy and suicidal ideation.

This breakout session focused on how to better identify when veterans are in need of immediate help and what practitioners could do to stay informed. Being mindful of language used might help therapists and clinicians who are seeing veterans. Not all veterans will say they are considering suicide, but many struggle with finding joy in the same things they used to or engage in reckless behavior. Two panelists, who both lost their husbands to suicide, said they wished clinicians would have approached the situations more creatively, instead of using boilerplate “Are you going to kill yourself?”

They also suggested expanding a veteran’s support system and having better communication with a clinician when something disrupts that system. About 75 percent of veteran suicides occur after a relationship ends—either with a significant other, among family members or at work. It’s important to note when a support system shifts during these high-risk times.

• ***Anxiety and PTSD***

This breakout session focused on providing valuable clinical perspectives and insights on treating anxiety and post-traumatic stress disorder (PTSD). A struggle for many job-seeking veterans is combating the misperception by the general public, including employers, that a majority of returning veterans suffer from PTSD. Only about 7 percent to 9 percent of veterans who deployed to Iraq and Afghanistan have PTSD, far more struggle with issues of anxiety. And even among those who do have PTSD, it is not always an impairment to success in the workplace.

The session also discussed the importance of understanding military culture, including deployment experiences.

• ***Sexual Trauma***

Military sexual trauma (MST) is a term developed by the VA to refer to sexual assault or repeated, threatening sexual harassment that occurred while the veteran was in the military. The prevalence rate among female veterans ranges between 23 percent and 41 percent. These figures only represent those who have sought VA treatment.

This breakout session focused on how best to serve veterans who have experienced MST by understanding the military culture surrounding it. Just like the civilian counterpart, it is often associated with feelings of shame and the fear of consequences associated with reporting it. What is unique about the military context is that often a victim must still coexist with the perpetrator, which could be further complicated if that person is a supervisor. Those who do report might also be seen as troublemakers, not part of the team, or weak by their peers.

CONCLUSION

Col. H. Charles Hodges Jr.

Commander, Joint Base Lewis-McChord

In his concluding remarks, Col. H. Charles Hodges Jr., commander of Joint Base Lewis-McChord, said that a majority of service members exiting the military have a plan in place. However, equally important, some of those people are still going to fall through the cracks and struggle back home, regardless.

Hodges asked the practitioners present to keep in mind who their “clients” are. They are part of a 1 percent minority that volunteered for the military, many in time of conflict. They are hard workers, disciplined and strong leaders. Most importantly, they have already experienced a transition—they went from the civilian world to the military—and, with proper guidance, will be able to do so again.

One of the key things that will help make a successful transition to the civilian workplace is confidence in their background and skillset, Hodges said. “We have an unbelievable talent pool available to us,” he said. The key is to convince these veterans that they possess the skills and qualifications that make them attractive prospects in civilian workplaces. “We have a responsibility to make them confident ... and not to lose what [confidence] they had when they were in uniform.”



KEY SPEAKERS

Alfie Alvarado-Ramos

Washington State Department of Veterans Affairs

Sean Lanegan

*University of Washington Tacoma
Social Work Program*

Ellen M. Bloom, LCSW

Joint Base Lewis-McChord's Transition Battalion

Jane Luterek, PhD

VA Puget Sound Health Care System

Connie Chapman, MSW

Premera

Rebecca Morrison

Tragedy Assistance Program for Survivors

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