



Building Professional Excellence- Part 1
Session 12: “There’s Nothing Wrong With Me”—A Culturally Sensitive Approach to Soldiers’ Resistance to Counseling

Webinar Follow-up Question and Answer Session with Bryce Hagedorn

1. Question from Barbara Kass

How can we convince the VA that our veterans need more mental health services?

Answer from Presenter

Start connecting with your representatives in congress (letters, calls, and/or visits). On our recent Trip to Capitol Hill (during this summer’s ACA Leadership Institute), I spoke with my congressman about this concern at length. He was very receptive.

2. Question from Christina Zavalij

Do you have any suggestions of literature for a counselor to use to better understand the experiences of soldiers?

Answer from Presenter

Counseling military families: What mental health professionals need to know by Lynn Hall (2008)

Once a warrior – Always a warrior by Charles Hoge (2010)

3. Question from Daine Massey

Working in a higher education institution, how do you advocate for your clients to seek educational opportunities as a path toward healing. How do you suggest to your clients to become more informed about their own state of mental health through education as a way forward?

Answer from Presenter

I’m a firm believer in empowering clients to educate themselves regarding the parameters of their concerns. Before doing so, I feel it is important to ascertain their readiness, willingness, and ability to engage in such self-education. If clients *are* ready (i.e. they are in the Preparation/Action Stage of Change), then making suggestions for various veteran-friendly readings would be important.

4. Question from Edwardlyn Crishon

What about those who self-medicate before they seek treatment?

Answer from Presenter



There's a HUGE correlation between trauma and self-medication. Be it with substances (e.g., alcohol, marijuana, Oxycontin) or behaviors (gaming, sex, gambling), service members/veterans use a variety of methods of numbing or activating their nervous systems. I believe it is vitally important to help our clients develop alternative coping mechanisms that meet the need that the substances/behaviors have in the past. Don't disparage a client's current coping mechanism unless you have something better to offer...

5. Question from Mandy Hatcher

Do you know of any difference in success rate of cognitive behavioral therapy versus EMDR with Service Members?

Answer from Presenter

Whereas I don't know the particular success rates of the various treatment modalities, the National Center for PTSD (located at <http://www.ptsd.va.gov>) has a bevy of resources. Check it out!

6. Question from Patricia Moss

Care to speak more about couple? I see them and huge issues trying to get reconnected and sometimes to even try and salvage the marriage and family.

Answer from Presenter

Working with couples where one (or both) are veterans presents its own set of challenges and would warrant its own webinar. Suffice it to say that in addition to working through the service member's trauma (and the partner's responses), issues such as adjustment, trust, recovery, meaning, intimacy, will be tantamount. The website I noted above has a section for helping families and friends of veterans.

7. Question from Paula Moseley

Are there resources for using this with young children? Preschool and elementary

If there is so much stigmatism for seeking counseling, what situation will push the service member to seek professional help?

Answer from Presenter

There are several situations that may bring the service member in for help, many of which are tangential to their primary need (i.e. trauma/moral injury). These may include addiction, the pending loss of a relationship, legal concerns, work/career concerns, anger, depression, etc. It may be challenging to get them to open up and acknowledge the connection between their experiences in combat and their current concerns, but proceeding at the clients' pace and engaging them with a strengths-based model will lead in the right direction.



8. Question from Ute Krantz

What have you found as the best way to support the Veteran's family while helping the client?

Answer from Presenter

Providing psycho-education on the effects of combat, PTSD, and moral injury can help normalize their process. Also, it would be prudent to help connect families with their own support groups (information can be found at local Vet Centers <http://www.vetcenter.va.gov>).

9. Question from Ute Krantz

With regard to Moral Injury ... do you find the Veteran getting angry at superiors because they were following orders while going against their moral compass and how do you redirect that back to something that they can release?

Answer from Presenter

Anger is certainly a part of the process of coming to terms with what happened down-range and thus we need to be "comfortable" handling the anger coming from our clients. If we try to redirect this anger too soon, the veteran may not feel heard and thus avoid further care. Helping clients recognize the valid purposes for anger, as well as the long-term impacts of resentment, can be helpful. Two more books to add to one's reading list (for counselors and clients alike) include *Forgive for Good* by Fred Luskin (2003) and *Self-Compassion* by Kristin Neff (2011).

10. Question from Ute Krantz

What was the ACT acronym?

Answer from Presenter

Acceptance and Commitment Therapy

11. Question from Sue Oh

The PowerPoint mentioned that race can play a role in the severity of the effects of deployment. Do you think that similar factors come to play in OID/OIF/OEF?

Answer from Presenter

Yes, I believe that we need to seriously consider how our clients' race and gender impacted their particular experiences with deployment.

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