

CLINICAL PREPAREDNESS FOR
SOCIAL WORK PRACTICE WITH MILITARY FAMILIES
Questions and Answers from Conference

Dr. Joseph Amato

1) I would like to know if there are any specific efforts being made to educate families about the warning signs of suicide.

Ongoing efforts in our published material by DoD/VA and SAMSA are informing people of both the Risk Factors and Warning Signs of suicide. Partner organization like the American Foundation for Suicide Prevention provide the same information. You can go onto the web sites of each of these organizations VA, AFSP and Dod and search for suicide prevention materials.

2) Please discuss the issue of MST and suicide and the effect of bystanders of MST and suicide risk (ex-participants in "gauntlets")

I have little expertise in MST.

3) You mentioned that in 2006 there was very little attention to the debriefing stage following deployment. I understand efforts have increased in this area and they are providing 2-4 week debriefing stays. Do you know if this is accurate?

The Dod initiated the Yellow Ribbon Events across the country to help with the reintegration for National Guard and Army Reservists who are returning from deployments. These events frequently will include the spouses, children and for some younger soldiers the parents of the service members. The curriculum for the Yellow Ribbon events include the issues of substance abuse, anger management, suicide prevention and other issues of returning to civilian life.

4) Recently read a statistic in lohud.com (journal news) that 1 in 4 returning veterans are committing suicide. Does your research confirm this?

I do not know of research to support this high number. More than 2 million people have served in Iraq and Afghanistan since the initiation of those operations. 1 in 4 would be an exceedingly high ratio. Most service members who return are coming back to their communities and resuming their lives with their families. Our concern for those who are having a difficult time, should not lead to an exaggeration of the numbers of those who need assistance since many, many members make the transition with little if any disruption.

Glenn Gilbert

- Does the VA offer programs for veteran survivors of sexual assault.
 - *Yes. Each VA is required to have on staff, at least one clinician knowledgeable and available to treat Military Sexual Trauma (MST) for both men and women. Therapists are usually women, but many facilities also train male therapists for those instances where a male veteran prefers a male therapist.*

- *VA has been offering new training on MST recently and makes test calls to VA facilities to insure that the facility operator knows how to contact and transfer a call to the MST therapist.*
 - *For those veterans who prefer, private video conference therapy is also available in rural settings with the facility MST therapist.*
 - *All new VA enrollees are asked about MST during their initial Primary Care Visit and there are public posters in facilities describing how to contact a therapist thereafter.*
 - *Clinicians have also learned to raise the issue again when appropriate to do so, as many veterans do not always answer the question accurately the first time.*
 - *The VA also authorizes Service Connected Compensation for MST.*
- 2) Since the ban on gays in the military has been lifted, are VAs or agencies capable or willing to work with same-sex partners and families? and are there personnel trained/educated on LGBT issues in the military? If not, why?
- *Yes. VA Clinicians have worked and continue to work with same-sex partners and families. There is no difference in determining who gets to participate in treatment.*
 - *Training on LGBT issues is included in many national conferences as part of the overall training. The ban on gay persons in the military, historically refers to a Department of Defense policy, not the Department of Veterans Affairs, and LGBT veterans have historically received services at VA for many years. Many VA facilities, such as Albany, also have an advisory clinician group to address unforeseen issues that may arise.*
- 3) Is there any pre-test for enlisting in the military to rule out risk factors - mental illness, depression, sociopathy, poor emotional or cognitive development? Are there any studies on younger warriors, enlisting at age 18 and seeing combat in terms of interrupted development and risk for PTSD.
- a. *This question would be better answered by someone in the Department of Defense. However, I can say that there is screening to identify persons with risk factors at military induction. The military branches are also very invested in identifying those at risk for PTSD and promoting a culture of resiliency. To learn more about this I will refer you to a web site US Medicine with Articles on Military Active efforts at building resiliency in troops and their families and to the Rand Corporation site for additional articles.*
 - b. www.usmedicine.com and search for resilience and
 - c. www.rand.org