It has become a truism that this new global war on terror is a different kind of war, open-ended in time and place. But all wars are different, and as this snapshot of today’s returnees from Afghanistan and Iraq shows, so are the men and women who come home from them:

- Like all inductees since the military draft ended in 1973, all are volunteers.
- More are female, among them single mothers with young children.
- They include, besides active-duty military, significant numbers from the Reserves and National Guard.
- Many have cycled through several deployments.
- Their lives saved by medical advances, more are surviving with physical disabilities that will require lifelong care.
- More suffer traumatic brain injury.

For all that sets them apart, these newest veterans have many of the same needs veterans have always had, including, for starters, places to live and work.

Shelter can be especially elusive for veterans, evidence their substantial overrepresentation among the nation’s homeless. As coordinator of outreach to homeless veterans for the V.A. Medical Center in Hampton, Va., Martha Chick-Ebey, MSW ’00, knows this group well. She predicts it will increase, the result of the current scarcity of affordable housing, the mismatch between military and civilian jobs, and the large number of Reserve and National Guard troops who may no longer have jobs awaiting them when they return home because of lengthy deployments.

Joblessness is rampant among the youngest veterans, who are unemployed at more than twice the rate of civilians their age. Jeremy Amick, “transition adviser” for soldiers leaving the Missouri National Guard, also sees underemployment as a problem, with many veterans now returning to work that is “well below their education level” and their military pay.

Mental Health Problems

Today veterans also are showing up with the same mental-health issues clinicians and researchers have long observed in combat survivors—anxiety, depression, and, in particular, the psychically debilitating affliction once called “war neurosis” or “shell shock” and now known as post-traumatic stress disorder or PTSD.

There are no hard numbers for PTSD among Iraq and Afghanistan veterans, and there may never be. The disorder is a moving target, defiant of instant diagnosis. A study published in the November...
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2007 Journal of the American Medical Association found more soldiers are symptomatic after a few months home than when they first returned. According to the National Institute of Mental Health, symptoms usually develop within three months of a triggering experience but also may take years to appear. Further thwarting a precise tally of military PTSD cases is the difficulty diagnosing a condition experts say may first appear as something else like drug or alcohol abuse and the reluctance of some veterans to volunteer for any kind of mental health treatment. "You wouldn't believe how many young veterans are brought in by a mother, a wife," says Gary Collins, a veteran of Korea, a licensed clinical social worker, and team leader of the St. Louis Vet Center. This is one of 209 such centers around the country, operated by the VA and staffed by trained clinicians, many of them social workers and most of them veterans. The centers offer clients a raft of confidential services, including individual, family, and group counseling and referrals for help with jobs, military benefits, and drug and alcohol treatment. Even so, not all veterans with PTSD or other service-related mental health issues find their ways to the Vet Centers. They are also likely to turn up in the practices of other clinicians in other settings, cautioning Monica Matthieu, research assistant professor at the Brown School. So she recommends that, wherever they work, all social workers routinely ask all new clients if they are veterans and familiarize themselves with the special needs and resources for this population.

Support at Home

Those who make it home are finding an America drastically different from the Vietnam years, capable now of supporting the troops even while questioning a war. Jean Bromley, MSW ’71, and social work executives at the VA Medical Center in Milwaukee, terms that “a tremendous change for the good.”

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Meanwhile, Washington University School of Medicine is building on decades of research on veterans’ mental health that the Medical School began in the 1970s. She’s gearing up now to test a current theory that some people are naturally predisposed to PTSD. She likens the disorder to the flu. After exposure, some people come down with the disorder while others don’t. Her question is why. To find out, she and a team of investigators are beginning to collect and compare data on risk clients and refer them for appropriate treatment.

Researchers are now analyzing follow-up data to see how well those studies retain that know-how and communicate it to others. A planned further study will examine what veterans and their families want from the VA in the way of suicide intervention and care.
mentality and neurobiological information from one group of Missouri National Guard before they deploy to Afghanistan or Iraq with data from another group of veterans who are diagnosed with PTSD after they return. The goal, Price says, is to identify the biological and psychosocial markers for PTSD so that eventually clinicians can use a computer-based screening tool to assist in preventing PTSD. Like her Vietnam research, her new study is assisted by social workers. Their clinical and research skills are vital for recruiting and retaining subjects, administering tests, and compiling data, she says. Experimental tools for her new study include Virtual Iraq, high-tech, multimedia software for virtual exposure therapy, the technique currently being tested to desensitize subjects by getting them to gradually confront their fears or relieve their traumatizing experiences. Albert “Skip” Rizzo and colleagues at the Institute for Creative Technologies at the University of Southern California are developing Virtual Iraq specifically for therapeutic use with PTSD.

Rizzo told the veterans’ summit that because the images resemble those of computer games, Virtual Iraq will likely “appeal to a generation of soldiers who have grown up digitally.” The technology also can be adapted for use with veterans’ families to help them understand “what their loved ones have gone through and what they’re coming home with.”

The therapist can intensify the veteran’s experience by introducing sounds—explosions, gunfire, the whirr of helicopters overhead—a baby’s distant cry. The effect of the ground shaking and the smells of gunpowder, garbage, diesel fuel, human bodies, and Iraqi spices are among the technology’s other add-ons.

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The VA is making a start with a current study of 500 active-duty women and female veterans aimed at identifying factors that may put military women at risk for physical and sexual violence, Bromley says. Matthieu looks to the VA, a research powerhouse and a leader in evidence-based social work practice, to do a big share of the needed new work. Schools of social work can get involved, she says, by developing or tightening ties similar to the Brown Schools with the St. Louis VA Medical Center, by encouraging more students to take advantage of VA internships; and by more actively promoting careers with the VA, always a big employer and leading trainer of social workers.

With many of those currently working at the VA, Matthieu sees a useful new tool social workers can use with veterans and others suffering from PTSD. “We are not advocating enough the use of technology in clinical practice,” she says. And in everything researchers continue to learn about veterans’ recovery and readjustment, she reads lessons that social work schools can teach students and that practicing social workers can learn to use in therapy with other vulnerable groups—immigrants, refugees, and all survivors of potentially traumatic events.”

New Research

What’s more, veteran’s advocates are pressing for new research specific to the new and different veterans of this new and different war. Amick suggests traumatic brain injury as a high-priority subject for new investigation. Chick-Ebey agrees, adding that its effect on its victims’ families also bears study, along with possible new strategies to break the cycle of homelessness among veterans.

Bromley calls for expanding on the “very little research” done to date on women veterans. Also, on her research to-do list is the related topic of “military sexual trauma,” a new and overarching rubric for sexual assault and harassment, identified by the VA as a stressor of coed military service, experienced now not only by women but to a lesser extent by men as well.

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