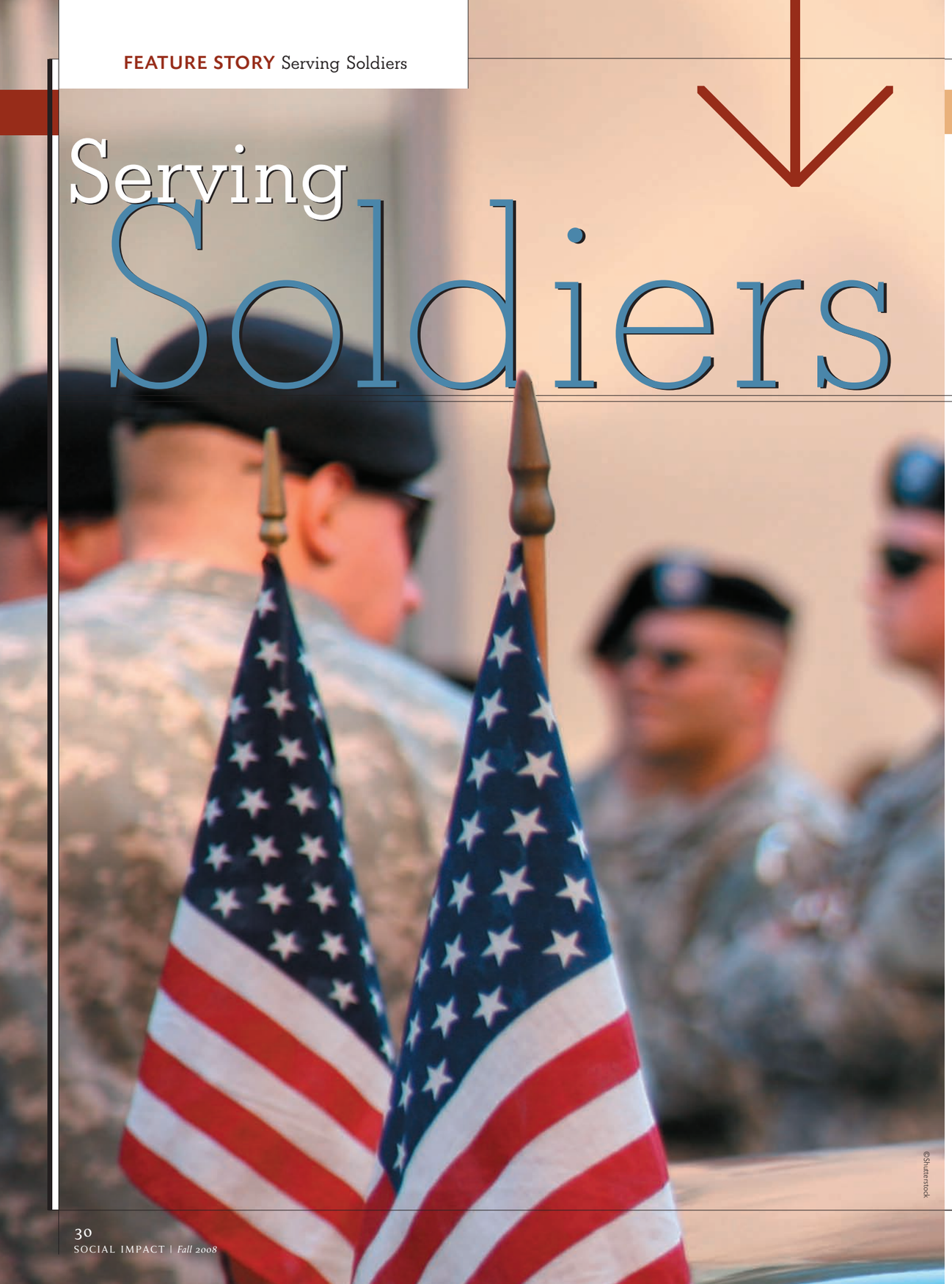
Serving Soldiers



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Social work reaches out to returning veterans, researches ways to help.

By Susan Thompson

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 V.A. 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, cautions 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.

For Reserve and Guard members, often returning to small towns far from V.A. and other professional mental health services, distance can be another deterrent to treatment, Amick says. Major General King Sidwell, adjutant general of the Missouri National Guard, worries about medically and emotionally needy veterans "falling through the cracks" altogether because they don't know help is available, don't know where to go for it, or wait until it is too late.

For some service members, it's too late even before they get home. Suicides by combat troops have long been of concern to the military and interest to academic researchers, but the frequent difficulty of distinguishing suicides from accidents frustrates exact counts. Against a rash of anecdotal reports of rising solder suicide rates in Iraq, the Army has stepped up its prevention efforts. Also grabbing headlines are suicides by those who have made it back. According to a report aired by CBS News in November and based on data collected by the network and analyzed by the Epidemiology and Biostatistics Department at the University of Georgia, veterans in 2004 and 2005 took their own lives at twice the rate of U.S. civilians, with veterans in their early 20s the most vulnerable.

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 executive at the V.A. Medical Center in Milwaukee, terms that "a tremendous change for the good."

The change is evident in a flood of news stories sympathetic not just to the most recent returnees but to veterans in general. It was also apparent in a recent summit on veterans held at the Brown School and organized by Matthieu, who was also among the day's speakers, along with Collins and Sidwell.

Matthieu came away from five earlier years as a V.A. social worker with a "passion" for veterans' issues and a special interest in preventing veteran suicide. In a study to be published soon, she and four co-authors, two of them leading V.A. social workers, found that training in suicide prevention significantly increases the ability of Vet Center staffs to identify at-risk clients and refer them for appropriate treatment.

Researchers are now analyzing follow-up data to see how well those staffs retain that know-how and communicate it to others. A planned further study will examine what veterans and their families want from the V.A. in the way of suicide intervention and care.

Meanwhile, Washington University School of Medicine is building on decades of research on veterans. Rumi Kato Price, another summit presenter and a research associate professor of psychiatry, is the most recent leader of a longitudinal study of Vietnam 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

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mental health 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.


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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 relive 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-stricken Iraq veterans. Wearing special goggles, a veteran being treated gets the impression of being surrounded by war scenes that a professional therapist calls up on a computer screen. The exposure begins non-threateningly, perhaps with a calm drive down a palm-lined road. Gradually, the therapist leads the veteran into more stressful scenarios—a bloody body slumping over inside a Humvee, a roadside bomb exploding, a shadowy and twisting passageway leading to dangers unknown.

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.

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."

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 program is being tested at multiple sites; early results are promising.

In "virtual exposure" of the sort used in Virtual Iraq, 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, veterans' 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 V.A. as a stressor of coed military service, experienced now not only by women but to a lesser extent by men as well.

The V.A. 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 V.A., 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 School's with the St. Louis V.A. Medical Center; by encouraging more students to take advantage of V.A. internships; and by more actively promoting careers with the V.A., always a big employer and leading trainer of social workers.

With many of those currently working at the V.A. reportedly on the verge of retirement, the agency's door is open wide. Bromley—the V.A.'s national Social Worker of the Year for 2007, honored for exemplifying "quality social work leadership through her willingness and desire to take on new challenges and foster the best possible outcomes"—walked through that door 22 years ago.

And never left. Why? "It's the mission—being able to serve those who have made so many sacrifices for us as a country—that keeps me coming in the door every day," she says. "I am humbled on a daily basis... . It's inspiring." ✠

U.S. Veterans at a Glance

Total number of all living U.S. veterans	23.5 million[1]
Veterans/U.S. population	7.6%[1]
Veterans aged 65 or older /U.S. veterans	9.3 million[1]
Women/active-duty military	14.3%[2]
Women/U.S. Army Reserve.	23%[3]
Women/U.S. veterans (estimated to be 10 percent by 2010)	7%[1]
Unemployment rate, all veterans	3.9%[4]
Unemployment rate, veterans ages 20-24	18.7%[4]
Military personnel deployed to Iraq and Afghanistan	1.6 million[5]
Iraq and Afghanistan veterans seeking mental health services	35%[1]
Iraq veterans at risk for post-traumatic stress disorder	18%[6]
Afghanistan veterans at risk for post-traumatic stress disorder	11%[6]

1 U.S. Department of Veterans Affairs, as of 2005
2 Report of the Joint Economic Committee of the U.S. House and Senate, May 13, 2007
3 U.S. Army Reserve, 2007
4 Bureau of Labor Statistics, U.S. Department of Labor, as of August 2005
5 Various Press Reports, 2007
6 Estimated, *New England Journal of Medicine*, 2004