Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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Invisible Warriors: Female Combat Veterans in War and at Home

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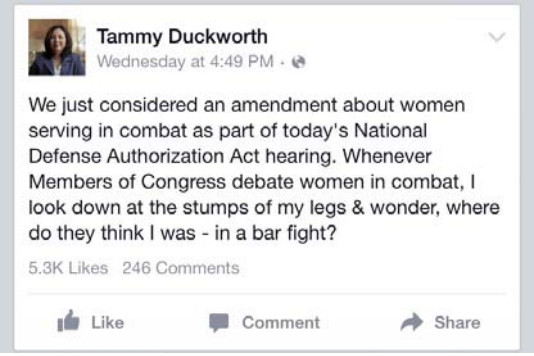

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Overview

- Women in the military: History and current numbers
- Women in combat: Recognition and roles
- Case study: Nanette
- Female combat veterans at home: Mental health and reintegration issues
- Special considerations for working with this population
- VA resources

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Women in the Military

A (very) brief history…

- In the Civil War, women served as nurses, with rare exceptions (there are some 400 documented cases of women soldiers).
- In World Wars I and II, women served in numerous roles such as the Army Nurse Corps, and the Women's Army Corps (WAC). The held many jobs, including health care, clerical work, mechanical work, photo analysis, and sheet metal working; in some cases they were utilized as test pilots for fighter planes as WASPS.

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Women in the Military

- In the Vietnam War, approximately 11,000 military women served in country in some capacity. Nearly 90 % served as military nurses, though women also worked as physicians, air traffic controllers, intelligence officers, clerks and other positions in the U.S. Women's Army Corps, U.S. Navy, Air Force and Marines and the Army Medical Specialist Corps.
- In 1979, enlistment qualifications became the same for men and women, but women were banned from any assignment involving direct combat.
- In 1994, the Department of Defense officially banned women from serving in combat.

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Women in the Military

- In Iraq and Afghanistan, the lack of a defined 'front' has meant that women in support positions are still exposed to combat, regardless of assignment or location. Additionally, female service members have increasingly been called upon to interact with female civilians during military engagements.
- In 2003, the Marine Corps introduced its Lioness program, integrating female service members in combat units in an unprecedented way.

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Women in the Military

- In January of 2013, the Secretary of Defense lifted the ban on women in combat.
- Each branch has articulated a plan for working toward greater integration of women in a variety of combat roles, generally by the end of 2015.
- Despite these gains, many female veterans express frustration that their experiences and contributions are 'invisible.'
  - Pop culture
  - VA
  - Research

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Women in the Military

Women Service Members (as of 12/2013):

Active Duty totals	214, 098	14.6%
Army	76,694	13.6%
Marines	13,677	6.8%
Navy	53,385	16.4%
Air Force	63,552	19.1%
Coast Guard	6,790	15.7%
Reserve totals	118,781	19.5%
Nat. Guard totals	470,851	15.5%

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Women in the Military

- As of 2011, 30% have served in a combat setting (as compared to 57% of men).
  - They serve in a variety of roles, including Lionesses, Cultural Support Teams, Female Engagement Teams.
    - 4% reported having killed an enemy.
    - 9% reported witnessing at least one killing.
    - 31% reported having been exposed to dead bodies.
    - 2% suffered a combat-related injury.
    - 24% screened positive for military sexual trauma upon return.

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Case Example: Nanette

- 44 years old
- Army Reserves veteran
- Deployed to Iraq in 2004-2005; stationed at Camp Liberty in Baghdad
- Exposed to a suicide bombing outside the main gate of the base, as well as frequent threat of mortaring.
- Upon return, diagnosed with PTSD, Major Depression

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Mental Health Issues upon Return…

- Over 200,000 women have been deployed since the start of the Global War on Terrorism in October 2001.
  - Research suggests that 20-30% of troops (regardless of gender) return from a deployment with a diagnosable mental health disorder and/or TBI.
  - Rates are likely to be higher for those deploying multiple times.
  - Preliminary research suggests that rates are higher for women as well.

Hoge, 2004; RAND, 2008; Institute of Medicine 2010

PTSD

PTSD
- A traumatic event or series of events
  - Actual/threatened death or injury or threat to physical integrity of self or other.
  - Can be experienced directly, or:
    - Indirectly, by learning that a close friend or relative was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental.
    - Repeated or extreme indirect exposure to traumatic details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse).

PTSD

- Re-experiencing
  - Nightmares
  - Intrusive memories
  - Flashbacks
  - Psychological distress or physiological reactivity to reminders
- Avoidance
  - Trying to avoid thoughts, feelings or conversations
  - Trying to avoid activities, places or people that arouse memories

PTSD

- Changes in thoughts and feelings
  - Inability to recall key features of the traumatic event (usually dissociative amnesia; not due to head injury, alcohol, or drugs).
  - Persistent (and often distorted) negative beliefs and expectations about oneself or the world (e.g., "I am bad," "The world is completely dangerous").
  - Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences.
  - Persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt, or shame).
  - Markedly diminished interest in (pre-traumatic) significant activities.
  - Feeling alienated from others (e.g., detachment or estrangement).
  - Constricted affect: persistent inability to experience positive emotions.

PTSD

- Increased arousal
  - Sleep problems
  - Risky/reckless behavior
  - Anger/irritability
  - Difficulty concentrating
  - Hypervigilance
  - Exaggerated startle

PTSD: Biological Underpinnings

- General increased physiological arousal
  - Blood pressure, pulse rate, serum cortisol
- Hyper-reactivity of the amygdala, an area of the brain central to the fear response and emotional memory
- At the same time, diminished activation of the anterior cingulate cortex which governs abilities like impulse control, planning, inhibiting behavior.

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PTSD: Real-world presentation

- Angry/irritable
- Paranoid/wary
- Jittery
- Impulsive
- Difficulties with creating/sustaining new relationships (and often with therapeutic rapport/engagement)

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Depression/suicide

- Depressed mood
- Anhedonia
- Amotivation
- Sleep disruption
- Appetite disruption
- Fatigue/lethargy
- Irritability
- *Guilt/shame*
- *Suicidal ideation*

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Physical Health

- For both civilian and military women, diagnoses of PTSD and depression are associated with higher incidence of physical health problems.
  - Gastrointestinal issues
  - Chronic pain/fibromyalgia
  - Autoimmune disorders
- Stigma of mental health disorders and need to appear invulnerable may lead some military women to become overly focused on somatic concerns.

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War Zone Skills and Readjustment

- Combat veterans learn a set of skills that are highly adaptive in a war zone. Their lives literally depend on these skills, and veterans often have difficulty transitioning away from them when they return from a deployment.
- These skills are often not a good match for the demands of civilian life, and this "culture clash" can create difficulties in multiple domains, particularly in times of stress.

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War Zone Skills and Readjustment: Common trouble spots

- Anger
  - Useful in war; survival depends on aggression.
  - Anger provides energy, motivation and often serves to replace other, more vulnerable emotions.
  - In civilian settings, can result in overreaction or aggressive, hostile responses when the veteran is feeling threatened. Veteran may appear "always angry" and have little awareness of other feelings.
- Safety/vigilance
  - Constant vigilance is required in a combat zone.
  - Constant vigilance in civilian life may result in overprotectiveness, poor sleep, over-reacting/ inappropriate aggressiveness ('act first, ask questions later').

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War Zone Skills and Readjustment: Common trouble spots

- Talking
  - In war, little time to talk about experiences and their impact. Also, sharing of information may pose a threat to the mission.
  - Veterans may not be comfortable with sharing information about themselves, particularly in times of stress. They may appear uncommunicative or uncooperative.
- Trust
  - In a war zone, trust is dangerous
  - Reluctance to trust others can make building rapport with combat veterans especially difficult.

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War Zone Skills and Readjustment: Common trouble spots

- Emotions
  - In the combat zone, emotions other than anger are generally counterproductive, and many combat veterans survive by 'shutting off' their emotions.
  - At home, veteran may be experienced by others as cold, distant and difficult to connect with, creating difficulties in maintaining existing relationships or establishing new ones.

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War Zone Skills and Readjustment

These trouble spots can create difficulties for any veteran, male or female. They may be particularly disruptive for female veterans, however, since they can result in behavior that runs afoul of expectations for what it means to be "feminine."

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Treatment Considerations

- Engagement can be challenging.
  - Stigma
  - Stage of life
- Often, shorter-term, symptom-focused treatment is most appropriate.
- Trauma informed, sensitive to physiological changes and somatic concerns
- Goals: Increased distress tolerance, greater awareness of triggers, better sleep hygiene, increased sensitivity to "culture clash" between military and civilian cultures and how that affects interpersonal functioning, improved interpersonal functioning.
- Explicit focus on interpersonal functioning, including psycho-education on importance of relationships.

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Treatment Considerations

Typical course of treatment (regardless of modality):

- Psychoeducation about PTSD symptoms and why they occur. Normalization is important, as stigma is rampant in this population.
- Symptom management: Relaxation, grounding, cognitive restructuring, behavioral activation
- Trauma processing: in-vivo and imaginal exposure
- Common themes: guilt/grief, loss of meaning and purpose, role loss/confusion

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VA

- Combat veterans are eligible for five years of free health care from date of discharge for any conditions related to their deployment. Once enrolled during that five year window, they remain eligible for life, though they may incur copay charges.
- To enroll: Show up at the hospital with discharge paperwork (DD214), or call the main number of any medical center and ask for the OEF/OIF Program Manager's office.
  - Can also access enrollment forms online at www.va.gov, or from County Veterans Service Office

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VA

- Each VA Medical Center offers a full range of services:
  - Primary Care and specialty clinics, including a dedicated women's health clinic
  - Mental Health
    - Outpatient, Inpatient and residential treatment (including gender-specific care)
    - Depression, PTSD, other mental health diagnoses
    - Military Sexual Trauma
    - Substance abuse
    - Post-combat adjustment and transition issues

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VA

- Each VA Medical Center has a Women Veterans Program Manager who is tasked with overseeing services for female veterans at each facility.
- http://www.va.gov/womenvet/
- Services offered include
  - Gynecology
  - Reproductive health care
  - Menopause symptom management
  - Lifestyle coaching (weight and stress management, for example)
  - Gender reassignment services (mental health support, hormone therapy. VA does not provide surgical intervention)

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Exploring further…

- Film
  - Lioness: lionessthefilm.com
  - The Invisible War: invisiblewarmovie.com
- Books
  - Love my Rifle More Than You: Young and Female in the U.S. Army, by Kayla Williams
  - Band of Sisters: American Women at War, by Kirsten Holmstedt
  - The Girls Come Marching Home: Stories of Women Warriors Returning from the War in Iraq, by Kirsten Holmstedt

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Postscript

Nanette, 10 years post-deployment…

- Episodic PTSD symptoms when under stress, but has found peace/closure related to deployment experiences
- Continues to struggle with chronic health issues
- Continues to experience relational/interpersonal disruptions within family, but has good friends and some meaningful relationships
- Renewed sense of meaning and purpose within the veteran community

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Thank you!

Questions?

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