



Understanding Military Culture

With training, non-military psychologists can understand strengths and vulnerabilities that service members, veterans and their families may bring to mental health treatment.

Military culture is like an iceberg, according to a free Veterans Affairs (VA)/Department of Defense (DoD) online training course called “Military Culture: Core Competencies for Healthcare Professionals” (see sidebar on page 5). Above the waterline are the visible aspects of the culture, such as ranks, uniforms, medals, salutes and ceremonies. At the waterline are more subtle cultural signs, including service creeds and oaths of office. Below the waterline are the hidden aspects of military culture – the values of discipline, teamwork, self-sacrifice, loyalty and fighting spirit.

Are you culturally competent when it comes to clients who are active duty service members, veterans or military family members? Even if you’re not a military psychologist, you need to be. Increasing numbers of non-military psychologists in the community are being called upon to see military and veteran clients, says psychologist Wendy Tenhula, PhD, national director for VA/DoD integrated mental health at the VA central office.

Service members and veterans may prefer to keep their mental health care and their military lives separate, either from personal preference or a desire to protect their military careers, says Tenhula. National Guards and Reservists may live too far away from military facilities to

receive care there, while some veterans may not be eligible for care at VA facilities, depending on when and where they served, how long they were in the military and how long it has been since they left.

And a lack of cultural competence can mean military clients don’t get the care they need. “Concern about not being understood or respected by providers is repeatedly cited by service members and veterans as reasons for not seeking treatment or dropping out,” says Tenhula, who helped develop the “Military Culture” course. “That’s one thing military culture training tries to address – how you as a clinician can understand, respect and build on those experiences even if you’ve never served in the military yourself.”

With training, non-military psychologists can come to understand the military ethos and how it contributes to strengths as well as vulnerabilities when it comes to mental health care. They can appreciate the special needs of military subpopulations, whether it’s National Guard members, veterans or children of active duty personnel. They can also help encourage those who need mental health care by being clear that even active duty personnel enjoy the same privacy protections as other patients.

Checking your biases

Misconceptions about military clients are common among non-military mental health providers, says Tenhula.

“I’ve encountered providers who assume that people only go into the military if they have no other choices in life,” she says. Especially in today’s all-volunteer military, Tenhula points out, people join for a wide variety of reasons – for example, to further their education, learn new skills, provide for their families or travel the world.

“If you haven’t worked with service members or veterans, you might not even realize you have those perceptions,” says Tenhula, adding that such biases can affect practitioners’ work with their clients. “If you have the assumption going into your work with a veteran that people only go into the military because they are at a dead end in their lives, that’s a very different perspective than, ‘This person went through college on an ROTC scholarship and was chosen to become a leader in the military.’”

People also assume that service members returning from Iraq and Afghanistan are ticking time bombs, says Col. Rebecca I. Porter, PhD, a psychologist who directs the DiLorenzo TRICARE Health Clinic at the Pentagon. “In fact, they don’t all have post-traumatic stress disorder (PTSD),” says Porter, a past president of APA’s Div. 19 (Society for Military Psychology). “And even the ones who do may be completely capable of doing their jobs and staying on active duty.”

Understanding the military ethos

While PTSD and traumatic brain injuries have become hallmarks of the wars of the last 15 years, military individuals have unique strengths that can help them weather these and other mental health problems, says Tenhula.

“The really important message is that while military experience can put people at risk for certain difficulties, the vast majority of service members and veterans successfully navigate the challenges of post-military life and bring a lot of strengths to that and to the therapy session as well,” she says.

Key among those strengths is what Tenhula calls the “military ethos” – the values of teamwork, discipline, pride and commitment to a mission that characterize life in the military. While each of the nation’s five military branches subscribe to that ethos, she says, each also has its own slightly different ethos and values. The Army’s ethos includes never accepting defeat and never quitting,

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for example, while the Navy’s ethos includes decisive leadership as a key part of success.

These values not only protect military individuals’ mental health, says Tenhula. They can also help them succeed in treatment if they do end up needing help. The military’s emphasis on commitment and follow-through can enhance treatment, for example. The military also emphasizes training, so the idea of learning new skills to be more successful in life can resonate with service members and veterans. And while veterans may feel a loss of identity now that they’re no longer part of their units, says Tenhula, psychologists can help them commit to doing what’s best for their families or whoever their social group is now.

Porter urges her civilian counterparts not to coddle military clients. “If they don’t do whatever homework you prescribe, for example, be firm with them about what it takes to get better,” she suggests.

Asking questions

To take advantage of those strengths, you have to know if a client is part of military culture, says psychologist Ronald S. Palomares, PhD, who provides confidential mental health services to military service members and dependents as part of the Military Family and Life Consultant program and is on the faculty at Texas Woman’s University.

Palomares suggests that all psychologists include the question, “Are you or a close family member connected to the military?” in their clinical intake. Recognizing that many patients don’t volunteer this information, the American Medical Association issued guidelines in 2015 recommending that all health-care providers ask about military history of patients and their family members.

Don’t stop there. In addition to asking about what branch of the military service your client served in, also ask what role – combat, protection or support – he or she played. A humanitarian mission is very different from counter-insurgency warfare, for example.

Other questions to ask include why a client joined a particular branch of the military and how connected he or she feels to the military.

Getting prepared

Psychologists should be prepared to respond appropriately if someone says they do have a military connection.

Start with the Center for Deployment Psychology’s self-assessment exercise, available at deploymentpsych.org/self-awareness-exercise to uncover your own biases, expectations and beliefs about members of the military. Study the VA/DoD clinical practice guidelines on evaluating and managing post-deployment health, managing PTSD and concussion and mild traumatic brain injury and other topics, available at deploymentpsych.org/content/va-dod-clinical-practice-guidelines. And take the “Military Culture” course, available at vha.train.org/DesktopShell.aspx. The course offers modules on beliefs and biases about the military, military organization and roles, stressors and their impacts, treatment resources and tools and offers continuing education credit for psychologists and other clinicians.

If your practice is close to a military base, you could also introduce yourself to providers and ask about on-base trainings and other resources available to community-based providers.

Being culturally competent in military culture won’t necessarily change how you do psychotherapy, just as it wouldn’t if you were treating someone with a different racial or ethnic background or sexual orientation from your own. What’s most important, says Tenhula, is simply respecting both military clients’ concerns and their experiences. That means knowing about the different branches, understanding rank and using correct greetings, titles and colloquialisms. To make people comfortable, you could also ensure that artwork, magazines and brochures in your office reflect military culture.

Being attuned to subpopulations

Of course, military culture isn’t homogenous. Just like any other area of cultural competency, military culture has subpopulations with their own unique vulnerabilities and strengths.

Take National Guard members and Reservists, for example. Unlike active duty service members, says Palomares, these individuals may live far from military bases and the supports they offer to both military members and their families.

“They’re coming from communities across the nation — rural, urban and everywhere else,” says Palomares.

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“When you live near a military installation, the community understands and supports the military.”

National Guards and Reservists may also struggle with identity issues, says Palomares. “They have to straddle two worlds,” he says, explaining that they must go back and forth between their normal everyday jobs and going to training or even overseas alongside full-time service members. “People sometimes struggle with making that seamless transition from one to another.”

Military families also have unique concerns, says Karen Herdzyk Lopez, PhD, a psychologist whose private practice is close to Fort Bragg in Fayetteville, N.C. Deployments — especially the multiple deployments that have characterized the wars in Iraq and Afghanistan — are obviously stressful, she says. Beyond that, she says, the spouse who is left behind has the stress of having to run a household without a partner. Sometimes the left-behind spouse or children move back to their hometowns so that parents, grandparents or others can help provide support.

The stresses can continue even after the deployed spouse comes home, adds Herdzyk Lopez, explaining that the military member can seem different to family members and that it can take some time for service members to re-integrate back into normal life.

“When they’re deployed, they’re working very hard under harsh conditions,” says Herdzyk Lopez, noting that about 35 percent of her practice consists of veterans and military dependents. “When they come back, they’re frequently very tired and worn down, with time to process and think about the different things they’re not able to think about when they’re deployed.”

Even when military personnel aren’t deployed, says Herdzyk Lopez, there can be stresses. “Service members have lots of demands placed on them beyond the typical career,” she says. “They often work long hours and get called in for special duty.”

On the plus side, the frequent moves military families typically make help give spouses and children extra flexibility, adaptability and resilience.



ADDITIONAL RESOURCES

According to a 2014 RAND Corporation report, *Ready to Serve: Community Based Provider Capacity to Deliver Culturally Competent, Quality Mental Health Care to Veterans and Their Families*, psychologists and other providers may not be adequately prepared to meet the needs of military clients.

While 70 percent of providers working in a Veterans Affairs (VA) or military setting had a high degree of what the report calls “military cultural competency,” the report found, only eight percent of those without VA or TRICARE affiliation did. While proximity to a VA or military facility boosted competence – with almost a quarter of practitioners within 10 miles exhibiting high military cultural competence – only 15 percent of those farther away did.

Is your practice ready? These resources can help you prepare:

APA’s Div. 19 (Society for Military Psychology). The division offers a newsletter, journal and other resources, including opportunities to consult with members. Visit www.apadivisions.org/division-19/index.aspx.

Center for Deployment Psychology. Aimed at both military and civilian behavioral health professionals, the center offers information, training and other resources. Visit deploymentpsych.org.

Community Provider Toolkit. This VA resource offers tools for understanding military culture, screening for military experience, treating common mental health problems and connecting with the VA. Visit www.mentalhealth.va.gov/communityproviders/#sthash.dnscVm7.dpbs.

Give an Hour. Run by a psychologist, this nonprofit organization encourages psychologists and other mental health professionals to provide volunteer services to service members, veterans and their families. Visit giveanhour.org.

Make the Connection. This VA website showcases veterans’ stories of recovery, provides information about mental health conditions and connects users with nearby resources. Visit maketheconnection.net.

Military & Family Life Consultant Program. Designed to supplement DoD services for service members and their families, this program offers short-term counseling focused on problem-solving. Visit www.mhngs.com/app/programsandservices/mflc_program.content.

Military Cultural Awareness. This online course from the VA explains military branches, ranks, customs, VA practices and more. Visit learning.mycareeratva.va.gov/courses/Military-Cultural-Awareness-Course/M/wrap_menupage.htm.

Military Culture: Core Competencies for Healthcare Professionals. Developed by the VA and DoD, this four-module course offers continuing education credits. Visit vha.train.org/DesktopShell.aspx.

National Center for Post-traumatic Stress Disorder (PTSD). This VA site offers a consultation program as well as links to training and other resources. Visit www.ptsd.va.gov/professional/consult.

VA/DoD clinical practice guidelines. These evidence-based guidelines explain how to evaluate and manage post-deployment health, plus how to manage PTSD, concussion and mild traumatic brain injury, depression and substance use. Visit deploymentpsych.org/content/va-dod-clinical-practice-guidelines.

“Even though from the perspective of a child in middle school or high school, it may feel like you’re ruining their lives, most military children are able to look back at the experience and the places they’ve lived, the different cultures they’ve encountered and see that as strength-producing, as giving them a flexibility or worldliness they wouldn’t trade,” says Porter, whose own children attended five or six different schools during her service. “They may become quite adept at building new support systems and friendships wherever they go.”

Explaining confidentiality rules

One other key part of military culture psychologists in the community need to be aware of is the stigma around seeking mental health services.

“We’ve made a lot of strides in decreasing stigma, but service members still worry that seeking behavioral health care is detrimental to their careers and reputations,” says Porter. As a result of those fears, military members may not seek care or may not reveal what’s really on their minds if they do.

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But while a military psychologist works for the military and abides by different rules, psychologists in the community can offer the same privacy and confidentiality to military individuals that they would to anyone else – something that psychologists should emphasize with military clients.

“Some people ... assume that service members don’t have any confidentiality, when in fact the limits to confidentiality are almost identical to what you see in the civilian sector,” says Porter, explaining that psychologists working in the community are duty-bound to report threats to self or others.

A psychologist working with an active-duty client should also probe into the nature of the person’s work, Palomares adds. “Are we talking about someone who is just entering data or someone walking around with an M16 guarding a top-secret facility or someone who’s actually working in a top-secret facility?” he says. “If they’re working in a highly sensitive or very volatile area yet struggling with mental health issues, when do those issues impact their jobs?”

It’s important to acknowledge the strength a military client is demonstrating just by his or her presence in your office.

Psychologists could also ask permission to discuss concerns with the client’s commander, says Porter. If a person’s job involves driving tanks and a psychotropic medicine can make users drowsy, for example, the psychologist could ask for permission to alert the person’s commander that he or she shouldn’t be driving.

No matter how you handle confidentiality concerns, it’s important to acknowledge the strength a military client is demonstrating just by his or her presence in your office, says Porter, explaining that military culture encourages stoicism.

“They tend to think that they need to be strong and need to handle issues on their own,” she says. “It takes a great deal of courage to reach out and ask for help.” 🗨️

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