

Understanding the Cognition's and Behaviour of the Military / Veteran Client & Effective Post Military Transition Interventions

*“Our soldiers and sailors have just come from war
Been fighting for Queen and country this year
Come home to be starved, better stayed where they were”*

Hard times in Old England – Steel Eye Span

Introduction

“The nation which forgets its defenders will be itself forgotten.”

John Calvin Coolidge, Jr. (1872 –1933) 30th President of the United States (1923–1929).

Working with both members and veterans of the Armed Forces can be extremely rewarding and fulfilling, the cohort and experience can provide the practitioner with an enriching and challenging experience. In working with this client group it is important for the practitioner to bear in mind that their client is not coming from an ordinary, 9 to 5 career or background, but a lifestyle, that is alien to many.

This unfamiliarity with the military sub-culture, and militarism in general, is a fairly recent phenomenon in the UK. As little as 30 years ago, many had experienced military service, be it through National, Regular, or Reserve service. As such they were able to readily identify both with those serving and fellow veterans.

In the late 80's, with the collapse of the Warsaw Pact, and the corresponding threats that it once posed towards NATO disappearing considerably to a virtually non existent state, coupled with the subsequent peace dividend and rapid downsizing of the military machines of various NATO countries, the local civilian empathy and understanding of the military and its tasks diminished accordingly. IN the UK alone this has had the effect of widening the gap of understanding between the military and society.

In the two decades since the collapse of the Warsaw Pact and its corresponding military threat, all branches of the British military (termed HM Forces hereafter) have been involved in some of the heaviest, bloodiest and most traumatizing operations since the Korean War. From the chaotic UN peacekeeping missions in the Balkans to humanitarian relief operations in Sierra Leone and anti insurgency operations in Afghanistan, as well as ongoing operations in Northern Ireland. HM Forces have been engaged in an ever increase range and tempo of operations that have both stretched and challenged troops on the ground in ways in that many in both Westminster and Whitehall had failed to see. This work has also seen a rise in casualties, of both physical and mental injuries, and the inevitable deaths that accompany military operations.

Whilst many freely give to the military focused charity industry, which has sprung up and positively flourished over the past decade (some 589 organizations according to www.charitychoice.co.uk as of Oct 2013 – and growing), few truly appreciate the traumas many have suffered and the sacrifices that have been made. It is also important to be aware that these sacrifices are not made just by service personnel, but it's also shared by family

members, carers' and local communities, both civilian and military.

Conversely there is always the danger that when an issue, such as veteran wellbeing, is over exposed, it becomes trivialized and an otherwise receptive populous become saturated with various pleas for help. This can in turn lead to veteran's issues being looked upon with apathy by some and cynical exploitation by others. Recently it was reported an attorney in Las Vegas had recently written a book entitled "How to hit the goldmine of veteran's disability compensation in divorce cases." (Reported by the Institute of Veteran Cultural Studies, US). The same attorney also went on to equate a veterans societal standing as being nothing more or less than a postal employee or other government worker. Whilst in fact, this may be true, the real difference lies in the role and the elevated position of trust and esteem a Sailor, Soldier or Airman holds in any society.

In the case of the Las Vegas Attorney and his view that is more aligned to what it means, as opposed to what it takes, to be a veteran we find ourselves straying into that age old issue of poor professional and personal education. Collectively we must look beyond the patriotic flag waving, and feel good back slapping platitudes that we feel are necessary when the issue of veteran's rights arise and say 'I'm doing my bit, I gave to X-Y-Z'. Instead we must seek to create lasting foundations of care, support and development. Granted these foundations aren't built overnight, nor are they as easy to build as so many feel they are, but they can, and must be built, to create a worthwhile social legacy for all.

We must also appreciate that veterans are ex-service personnel, highly trained and motivated Sailors, Soldiers and Airmen, and treat them as such and endeavour to refrain from placing veterans on a pedestal. Veterans, and I include myself in this statement are often hard individuals. Veterans are hard, upon themselves and others, in terms of how they deal with their emotions (soft skills are often not the most practiced), hard in terms of receiving help (generally it is perceived as a weakness to ask for help), hard in terms of interacting with civilians, hardly surprising given the attitude displayed by attorneys and other less than scrupulous 'operators' – as with all sub cultures military personnel and veterans do communicate with one another extremely well. Veterans are often hard to engage with and find it hard to acknowledge that there is a personal issue. Veterans are trained to kill, and survive in environments that very few could imagine exist, this isn't glamorization of the skill base, but fact itself.

Some 50% of veterans will have come from abusive homes, 30% will have had some interaction with law enforcement agencies before their 16th birthday. Their basic literacy and numeracy proficiency will often be well below that of their peers (the average 19 year old UK infantryman has the reading and writing abilities of a 12 year old). They will be hardened to self medication/harm through an increased consumption of Alcohol above and beyond that of their civilian peers, be heavily involved in risk taking behaviours.

This is what civilians need to understand.

But for all these challenging behaviours veterans are motivated, resourceful, loyal, innovative, and unquestionably selfless. They belong to one of the biggest 'social families' we are likely to encounter. Emotionally many liken the wrench of leaving military service to that of losing a family member. Hence for some, the adjustment into mainstream society never happens. At this stage, whilst the individual is on the outside, it is when they are at their most vulnerable. It is at this point that the unscrupulous, the well intentioned but poorly trained and supported, as well as the devious will strike, and often do.

If we are to be truly effective as professionals when we interact with the veteran client we must be prepared to hold our hands up when we don't know the answers, challenge the unscrupulous and ill trained, and support and guide those who have given their all without complaint.

As a practitioner, empathy, one of the key tenets of effective intervention, is no longer enough. Understanding where the client is coming from is now vitally important. The practitioner can do no wrong in researching the clients military background from notes made during the initial assessment and subsequent casework and by seeking general information through the use of reviewing recent regimental histories, locations of postings (bases) and operational tour names (Op Herrick – Afghanistan, Op Telic – Iraq).

These simple expedients will pay dividends for both parties and lead to a successful therapeutic relationship in the long term. It will also help you understand where the veteran client is coming from. Conversely this will demonstrate to the client that you are taking an active interest in both therapeutically and personally, without crossing any professional boundaries.

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The Military View

“Good people sleep peacefully at night safe in the knowledge that rough men stand ready to do violence on their behalf”

Eric Arthur Blair (1903 –1950) aka George Orwell

Some service personnel and veterans view civilians with distrust at best and disdain at worse. They believe that many civilians simply do not understand them, a view in which there is embedded a certain grain of truth. As such some active service and veteran clients will often engage in actively avoiding interactions with civilians, and at times this can be carried out quite aggressively. Serving personnel and veterans will often find the bonds of camaraderie stronger with their 'battle brothers' than those they believe a civilian friendship can ever provide.

This behaviour of social exclusivity presents an instantaneous social barrier that is problematic in the extreme to overcome, not only to once close friends and family members, but also to those in the wider community, including health and social support agencies. These barriers will be strengthened in times of personal psychological distress and during periods of perceived and deliberate isolation as the individual can feel as though they aren't being understood and seek to protect their psyche from perceived assault by an alien and unfriendly society.

There is some anecdotal evidence for these beliefs. In two recent polls commissioned on the ex-military recruitment website, www.ex-mil.co.uk, candidates were asked:

“With all of the recent publicity in support of Forces personnel and their families, how have you found your experience in securing yourself a new role in civvy street?”

- 21% Felt they had no issues or problems
- -35 % Experienced difficulty in getting understood by civvies, but felt they were making progress
- -45% Found the prospect of leaving daunting
- Whilst 2% were rejoining or joined the service

The results of the second poll were even more startling. This asked:

“Do you think the UK Govt / MoD give enough support and advice to service personnel while they leave the service to help them adjust?”

- A mere 8% answered yes
- 3 % didn't know
- Whilst a shocking 89% said no.

These polls may appear to fly in the face of what the United Kingdoms Ministry of Defence (MoD) believes and what has been published in numerous highly publicized press releases regarding resettlement provision, but they come straight from the horses mouth so to speak and are a astonishing and shocking indication into how badly service personnel are prepared for civilian life upon exit. It also clearly shows how veterans feel they are viewed by the public, especially employers.

The Transitioning Soldier - From Soldier to Civilian

It is true that every veteran will adjust to their new civilian environment in their own unique and individual manner, at their own pace. This adjustment may well be through humour, which is often black and macabre, but a well tried coping strategy within the forces, or by re-inventing themselves. This reinvention can be achieved by moving away from previous career roles such as engineering, into something new and personally desirable, such as teaching.

By building on proven individual strengths and identifying and translating military skills, both at home and in the work place, the individual veteran will also find the transition less traumatic as they are working in areas that they can readily apply the knowledge gained through military and life experience. These experiences can then be used as a pathway to increasing their network of friends and contacts, which in turn provides further reassurance and increases their self-confidence.

It is as equally important for both servicing personnel and veterans to realise that their

effectiveness both at home and in the work place is as important as the expectations of personal effectiveness they had placed upon them in combat situations.

Helping the Transitional Soldier

"The dominant feeling of the battlefield is loneliness.
Field Marshal William Slim, 1st Viscount Slim (1891–1970)

Battlemind

Battlemind was developed by the US Army's Walter Reed Army Institute of Research (WRAIR) and released for general service use in 2008. It was developed and designed to reduce the post-deployment stresses that were commonly experienced by both the individual service man/woman and their families upon return from combat zones such as Iraq and Afghanistan. However the flexibility of its design format allows it to be easily tailored to assist those experiencing transitional issues.

What is Battlemind exactly?

Battlemind identifies both the individuals learned combat skills and the individual's military mind-set, a type of military socialisation if you will, the cognitions and behaviours of which that have sustained and ensured that individuals survival during their tours of duty. As such the *Battlemind* skill set may be hazardous to the individual's social and behavioural health once they return to the civilian environment.

U.S. Army Medical Command has describes military conditioning (socialization) as:

*"... the Soldier's **inner strength to face fear and adversity with courage***."*

The significant mechanisms of the individual's military conditioning include:

1. Self confidence: taking calculated risks and handling challenges.
2. Mental toughness: overcoming obstacles or setbacks and maintaining positive thoughts during times of adversity and challenge."

Thus the significance of the behaviours and cognition's associated with ***Battlemind*** in the context of military conditioning (socialization) is that:

*"...these skills helped you [the soldier] survive in combat, but may cause you problems **if not adapted** when you get home*."*

It is interesting to note that at present only the Royal Marines have fully adopted the *Battlemind* intervention, doing so from late 2008°. It is also interesting to note that the Royal Marines face the lowest incidents of PTSD – Combat Stress, of all branches of HM Forces. A mere 3% of referrals in 2010 to the Ex-Services Mental Welfare Society (Combat Stress) were Royal Marines compared to 90% from the Army.

Below I have identified the combat skills (military conditioning/socialisation) and mindsets that have both sustained and ensured the client's survival in the theatre of operations. As such these skills may well be hazardous to the veteran's social and behavioural health once they leave the military environment and return to the civilian environment.

The tables below can provide the practitioner with a basic and adaptable tool which can directly help client's tailor these cognitions and behaviours in their transition from military to civilian life. This is achieved through challenging and modifying otherwise negative and destructive behavioural patterns and cognition's. As with all Cognitive Behavioural Therapy (CBT) based tools the client should be empowered to be their therapist and take the lead whenever possible.

It is vital for the practitioner to reiterate the need for veteran clients to learn to control both their combat and military behaviors and allied reactions, as it is these reactions that will determine their individual responses to negative stimulus within the civilian environment and, conversely, how the client is viewed by those they interact with.

Changing Perceptions – The Transitional Tables

“If we don't change, we don't grow. If we don't grow, we aren't really living.”

Gail Sheehy, American writer (1937 - On)

The following tables look at the common military cognition's and behaviours that are encountered when working with ex service clients, and how these may effect individual perceptions once the client has moved away from the disciplined environment of the military. It allows the client to see how these cognition's and behaviours can be adapted and changed.

Friends VS. Civvy Street

In Theatre	At Home
No one understands the clients experiences except those who were there and shared in these experiences	Clients may find they prefer the company of fellow combatants as opposed to partners, family or friends.

<p>The client's life depended on trusting their friends, commanders and attached troops.</p>	<p>Clients may assume that only those who were with them in theatre truly understood or are interested in their theater experiences.</p> <p>Clients may avoid speaking about themselves and their military roles and experiences to friends and family.</p>
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Change and Adaptation of Military Cognition's

In Theatre	At Home
<p>Cohesion in combat results in establishing strong bonds with fellow combatants that will last a lifetime; back home, clients will find that friends and family have changed, and they must realize that re-establishing these home based bonds will take time and effort.</p>	<p>Clients must develop and renew relationships at home with family and friends as well as the wider community in which they live.</p> <p>Clients must spend individual time with each of their loved ones, getting to know them, and their ways. Time should be balanced between old comrades and family members.</p> <p>Clients must also provide and accept support from family and friends and realize that this is offered freely and not to gain any form of emotional or physical control or restraint of the client.</p>

Accountability VS. Control

In Theatre	At Home
<p>Maintaining control of individual personal weapons and associated equipment was necessary for individual survival.</p>	<p>Clients may think that nobody cares about doing things correctly except for them.</p>
<p>ALL personal items are important to the client.</p>	<p>Client's may find themselves becoming irritated when someone interferes with their personal effects, even if the interference is trivial.</p>

Change and Adaption of Military Cognition's

In Theatre	At Home
<p>Being accountable and in control has kept the client combat ready. Back home, they continue to feel that the small details are still as important as they were in the field; and as a result clients can feel that even minor family decisions are best led by themselves and that any familial responsibility is not shared. They must also learn that personal space is no longer a privilege only afforded to those with suitable seniority.</p>	<p>By giving up control at home the client is not placing themselves at risk.</p> <p>Clients must learn to distinguish between what is and is not important.</p> <p>Clients must not be afraid to apologize if they overreact. They must realize that apologizing is not a sign of weakness.</p> <p>Clients must realize respecting personal space is vital for all parties to have adequate time outs and periods of self time.</p>

Targeted VS. Inappropriate Aggression

In Theatre	At Home
<p>Split second decisions that are lethal in highly ambiguous environments are necessary. Combat is a kill or be killed situation.</p>	<p>Clients may experience and project inappropriate displays of an overtly antagonistic nature towards others.</p>
<p>In the combat area personal aggression kept the client pumped up, alert, awake and alive</p>	<p>Again Clients may experience and project inappropriate displays of an overtly antagonistic nature towards others. This can also led the client to become abrupt towards family, friends and significant others.</p> <p>The client may overreact in a highly aggressive manner to minor insults and slights, be they perceived or real.</p>

Change and Adaption of Military Cognition's

In Theatre	At Home
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<p>Being 'Switched On 'enabled the client to activate appropriate responses to both actual and perceived threat levels. This ensured not only the safety of the client but also that of fellow team combatants.</p>	<p>Clients must assess whether or not there is a real threat to their personal safety and not a perceived one.</p> <p>Clients need to be reminded to think before they act; advise them to wait before they respond to negative stimulus (count to 10) and although it is hard, its always best to walk away.</p> <p>If they are really struggling then advice the client to talk to someone, a family member, or trusted friend and get a reality check.</p>
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Tactical Awareness VS. Hyper Vigilance

In Theatre	At Home
<p>Personal survival depended on the client being acutely aware of their surroundings at all times and reacting instinctively and immediately to sudden environmental changes such as sniper fire or mortar attacks.</p>	<p>The client may feel increased anxiety in large groups or situations where they feel confined and their senses of sight and sound are limited.</p> <p>Clients may well find themselves easily startled, especially upon hearing sudden loud noises.</p> <p>Clients may experience difficulty sleeping due to nightmares, night sweats, and other negative physical manifestations of stress during sleep (restless leg, striking out).</p> <p>Clients may experience panic when placed in areas of which they have no geographical knowledge such as a trip to new town or shopping area.</p>

Change and Adaption of Military Cognition's

In Theatre	At Home
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<p>Combat requires the individual to maintain a raised state of alertness and sustained attention; as a result once back home, it can take time for the client to come down from this high level of raised combat consciousness and learn to relax.</p>	<p>Clients should be self aware and monitor themselves for overly aggressive reactions to minor events.</p> <p>Clients should engage in regular exercise to help ease stress and aid the release of endorphins</p> <p>Clients should avoid consuming large amounts of alcohol and other stimulants. They should avoid the misuse of unlawful or prescribed substances to aid sleep as these will inevitably worsen sleep.</p>
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Lethally Armed VS. “Locked & Loaded” at Home

In Theatre	At Home
<p>In theatre the carrying of a weapon for offensive/defensive purposes was mandatory at all times.</p>	<p>Clients may feel the need to have access to some form of weaponry, either in their home, on their person or in their car at all times. They may also believe that they and their loved ones are not safe unless they have access to weapons to protect those whom they love.</p>

Change and Adaption of Military Cognition's

In Theatre	At Home
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<p>In theatre the client developed the necessary personal knowledge and skills and they adhered to strict rules regarding weapons safety, including observance of both rules of engagement (when to use their weapons) and Geneva Convention.</p>	<p>Clients must resist the desire to purchase any unlawful weapon.</p> <p>Clients must follow all laws and normal safety precautions (NSP's) regarding weapon usage if they have access to weaponry, especially firearms.</p> <p>Clients must resist temptation to drive, carry, sleep or store a loaded firearm, or carry an object that could be used as a weapon. Not only could it be unlawful to hold such a weapon, it could also easily be turned against the client</p> <p>Clients must be reminded to NEVER use any for of weapon or object that could be used as a weapon to threaten or intimidate loved ones or others within their community.</p>
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Emotional Control VS. Anger/Detachment

In Theatre	At Home
<p>Controlling personal emotions in theatre was critical for operational success, unit cohesion, and quickly becomes second nature to the client.</p>	<p>A failure to display emotions around family and friends will both hurt and damage relationships. Clients may be seen as detached and uncaring.</p>

Change and Adaption of Military Cognition's

In Theatre	At Home
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<p>Emotional control involves client recognizing that they must hold onto their feelings in theatre and only display these on rare occasions, and often in either solitude or at times when it is deemed appropriate, such as periods of rest in rear areas.</p>	<p>Clients should appreciate and possibly relearn that they should express their emotions appropriately.</p> <p>Showing emotion, whether positive or negative, is vitally important for keeping personal relationships healthy and strong and to allow for their growth.</p> <p>Displaying emotions is not an unmilitary trait and does not mean that the client is weak.</p>
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Operational Security VS. Inappropriate Secrecy Behaviours

In Theatre	At Home
<p>Clients will only talk about the actual operational missions they are involved in with those who need to know; as a result they often feel they can only talk about combat experiences with fellow combatants or those who have “been there, done that.”</p>	<p>Clients may avoid sharing details of any deployment experiences with your family, partners and friends.</p> <p>Clients may find that they start to avoid telling family, partners or significant others where they are going or when they will return (and get suspicious when asked).</p>

Change and Adaption of Military Cognition's

In Theatre	At Home
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<p>Individual Operational Security (OPSEC) involves the client providing certain information to those who need to know it to ensure mission success as well as individual and group safety. It also mean that the individual can trust fellow combatants as they will be following the same guidelines. Clients must be reminded that the “need to know” principle now extends to friends, family and significant others in their community.</p>	<p>Clients must realize that their family do need to know something about their deployment and their overall military experiences; this will help them understand what the client has witnessed and experienced whilst on deployment, as well as understand their military career in general.</p> <p>Clients should tell their story the way they want to tell it.</p> <p>Clients should share with their partners their daily activities.</p> <p>Clients must be reminded that they should feel proud of their service, achievements and military past</p>
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Individual Responsibility VS. Guilt

In Theatre	At Home
<p>The clients key personal responsibility in theater was to survive and do their utmost to keep their comrades alive and well.</p>	<p>Clients may feel that they have failed to protect killed or seriously injured comrades.</p> <p>Clients may also be bothered by memories and intrusive thoughts of those wounded or killed.</p>

Change and Adaption of Military Cognition's

In Theatre	At Home
<p>Clients are expected to make life and death decisions often instantaneously and often in the confusion of battle; individual responsibility involves learning from these decisions without second guessing.</p>	<p>Clients must recognize and acknowledge that there are human limits to preventing the death and injury of others.</p> <p>Clients must not allow their “survivors guilt” to destroy them emotionally. They must be reminded that their comrades would want them to move on and grow and develop.</p>

Non-Defensive (Combat) VS. Aggressive Driving

In Theatre	At Home
<p>Clients will have used combat driving skills for extended periods of time. These included actions such as unpredictable maneuvering, maintaining a high speed, rapid lane changes and keeping other vehicles and road users at a distance to ensure personal survival against the threat of ambushes, Improvised Explosive Devices and Vehicle Borne Improvised Explosive Devices.</p>	<p>Clients must be reminded that once at home aggressive driving will lead to an increased likelihood of experiencing negative law enforcement encounters which may lead to financial or judicial penalties, increased penalty points, a rise in personal insurance, as well as an increased likelihood of accidents and causing fatalities.</p>

Change and Adaption of Military Cognition's

In Theatre	At Home
<p>In an active combat area offensive driving is an operational necessity to help preserve life, avoid danger; whilst at home, combat driving may feel instinctively right, but it will often, and unexpectedly, provide the dangerous conditions the client seeks to avoid.</p>	<p>Shift the individual driving style from an offensive style to defensive style.</p> <p>The client must learn to control their anger. Ideally they should leave aggression at home with the family pets, and when they're driving family members they should drive as though they're transporting eggs.</p> <p>Clients must be reminded to obey the Highway Code and to drive with due care and consideration to other road users.</p>

Discipline & Ordering VS. Conflict

In Theatre	At Home
<p>The client's survival in the operational environment, and that of others was dependent upon individual discipline and following orders without question.</p> <p>Following orders kept the client and those around them safe and maintained control in operational environments.</p>	<p>Uncompromising interactions of ordering and demanding behaviors between the client and their partner, children and friends will often lead to conflict.</p>

Change and Adaption of Military Cognition's

In Theatre	At Home
<p>The giving and receiving of orders, and following Standard Operating Procedures (SOP's) involves a clear and well established respect of both the chain of command and operational doctrines, that allow operations to succeed, as well as recognizing that the systematic methods of working within the military environment are essential to operational effectiveness.</p>	<p>Clients must remember that the system of command and control, and the set ways of working of the military do not exist within the environment of families, and friends.</p> <p>Clients must acknowledge, that friends and family may well have been have been successful while they have been on active duty and may have developed new ways of doing things which may have passed the client by.</p> <p>Clients must always be prepared to negotiate. Families and friends are neither the enemy nor are they subordinates in an imagined chain of command.</p>

The Alcohol Transition

In Theatre	At Home
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<p>Alcohol use was limited (2 can rule), or non existent</p>	<p>Alcohol is now plentiful and easy to access and clients' must be reminded to pace themselves and not encourage others to binge drink.</p> <p>Clients mustn't use alcohol to calm down or if when they feel depressed nor should they drink if their experiencing trouble sleeping, as being intoxicated does not lead to restive sleep.</p>
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Conclusion

Where the transitional tables provide both the practitioner and client with a clear and subjective method of modifying and changing behaviour in the civilian world, it is equally important for the practitioner to emphasis to service personnel and veterans that they must build and strengthen their home and family support network with the same vigor that they build and strengthen their employment networks, and support them in doing so as best they can.

To be truly effective the practitioner should also actively network with relevant stakeholder and veteran support organizations, so that they can effectively counter the myriad of questions that will inevitably crop up as interventions progress.

Notes

* - My emphasis

References

° - Royal Navy – Trauma Resilience Handbook

** - Management of Mental Health in Veterans: The role of the Third Sector Charity
 Combat Stress - Dr Walter Busuttill

Bibliography

IAPT Veterans Positive Practice Guide March 2009

SPVA – *A Needs Map for veterans* -2008

'When Our Troops Come Home'– Ken JONES Phd, 2008

Battlemind- Walter Reed Army Institute of Research (WRAIR), 2006

Young People leaving UK Armed Forces at Increased Risk of Suicide, N KAPUR, N FEAR & S WESSLEY, BMJ 2009

NICE – National Clinical Practice Guideline No. 26 – The Management of PTSD in Adults & Children in Primary & Secondary Care – GASKELL & The British Psychological Society, 2005

Living and Surviving in Harm's Way: A Psychological Treatment Handbook for Pre- and Post-Deployment of Military Personnel, FREEMAN et al, 2010

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