

Adobe Connect - Chat Transcript from CSSW Veterans Webinar Series

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GENERAL CHAT

Columbia School of Social Work Online Campus: Welcome to our webinar on Veterans & PTSD! Thank you for arriving early. We will begin at 8:00pm EST / 5:00pm PST, with some pre-webinar activities starting about 20 minutes prior.

Franklin Swayne: Welcome!

LR: Puerto Rico

Franklin Swayne: Welcome. I was born in Ponce! Great to have you

Michael Day: Welcome everyone! For those of you interested in the story behind this piece, please check out a brief story about a combat Marine, Roman Baca, who started a ballet company. <http://exit12danceco.com/romanbaca.html>

LR: Wonderful to be joining you!

Michael Day: Puerto Rico!

CD: Puerto Rico

MD: Good evening all, I'm from NYC

Michael Day: Welcome!

AS: Good evening. I'm from NYC dept of homeless services

AW: hello I'm maine state commander for military order of the Purple Heart and operations director for wounded veterans retreat program

Franklin Swayne: Welcome

Matthea Marquart, CSSW Online Campus: Welcome! Thank you for joining us!

GC: Greetings from Georgia, by the way.

Franklin Swayne: I count as the 3.45% of "I'm serving now"

Michael Day: Hi Georgia!

Michael Day: Where is our other Southerner from?

MLV: Good Evening All, from the Lebanon Bologna region of Central PA

PC: I'm from Texas

PH: Pittsburgh Here

Franklin Swayne: Welcome to you all .. great to have technology so we can all "meet" tonight

AW: do any of you listen to war fighter radio? to hear what veterans are talking about

Michael Day: I will check it out. Perhaps we can add fighter radio to our list of resources.

AW: cool and boone cutler as well

GL: I'm from New Jersey

AM: From New Yawk here!

J: Washington DC

JZ: Brooklyn NY :)

AS: Los Angeles here

D:<---Yonkers, NY :)

KT: Carlisle PA

AW: how often is this done?

Mary-Lea Awanohara:We are planning a series.

Franklin Swayne: Many more topics are being developed

Mary-Lea Awanohara: We'd love to have your ideas for topics.

J: Decarceration!

LC: Hello! I'm from Jersey City, NJ. Hi Franklin! I was in your Military SW Class at CSSW

LR: Looking forward to other webinars!

AW: nice i work at sea base galveston and we could conference this with a bunch of service providers and vets

Matthea Marquart, CSSW Online Campus: That would be great!

J: Where was the dance performed?

IA: CT here

AW: yea if i can get a date for the next one ill set it up in the office

Michael Day: I believe it was the Lincoln Center in NYC

Mary-Lea Awanohara: No, this one was actually at Stanford U, but they did something similar at Lincoln Center

Michael Day: I stand corrected. West Coast!

JS: Hello all: Second year student in Penn State's Human Dev. undergrad program. I am hoping to apply to CSSW for my MSW, with this particular topic as a focus.

Michael Day: Outstanding. I have my MSW from CSSW. It was a wonderful experience.

CD: A very needed topic is Parental Alienation Syndrome named by Richard Gardner in 1985. In Puerto Rico, the Legislation will be considering a bill to consider it a crime under the child abuse law.

ED: Hi all....VA Counselor on Campus @ Harrisburg Area Community College

Franklin Swayne: Welcome to all of you.

KR: Hello I am 2nd year MSW student on campus

LK: CT

PA: Hi Matthea!

IA: Hello everyone

Susan Stewart: #ptsdvets for anyone tweeting

KD: Hi I volunteer at Total Outdoors.

RR: Hi, Director of Veterans Initiatives at Pace University. Thank you for hosting happy to be here

NS: Hi, Everyone!

AS: Clinical Director of the Veteran Services Group at DHS

DL: Thank you for this

MA: hi everyone, I am an occupational therapist in mental health and also a mental health counselor

SP: Hey everyone

L: Very happy to be here. I'm at the Northport VAMC

LC: Hi there! I'm from Healing Household 6. Thank you for having us!

KN: I'm a CSSW candidate interested on focusing on helping veterans anyway possible, but specifically in mental health

AS: Hello everyone! I work with LC at Healing Household 6.

SP: I'm from DSS Urban Pathway

JC: Glad to be here. I am with the Military Family Center at Temple in Harrisburg PA

FS: Hello everyone—I'm from CT

JC2: I hope I didn't miss too much! I'm joining in from Madison, WI, and hoping to learn how to serve military and veteran families better.

Franklin Swayne: We're just starting ... glad to have all join us for this conversation (to include chat)

Stephanie Schafer, Online Campus Recruiter: Welcome

N: Hello everyone. I'm from Chicago, IL. A vet looking at getting my prospective MSW student.

RD: Hello all. I'm from Murrells Inlet, SC.

IA: I am an online MSW student in Washington, D.C.

I: Hello everyone, I'm a current BSW student at George Mason University in Virginia.

Franklin Swayne: phonetic alphabet https://en.wikipedia.org/wiki/NATO_phonetic_alphabet

PA: Hello Everyone, I am a prospective CSSW Online Student living in Suffolk County, LI.

AS: Good evening, everyone....I am almost finished with my MSW at the University of Southern California. I am also retired military (21 years).

JH: Glad to be here! I'm a CSSW applicant interested in working with high functioning professionals (including Vets) with mental health issues. I've advocated for Vets in grassroots movements and am currently helping with the social media for VetsAchieve, a new nonprofit geared towards promoting educational and professional development of Veterans.

ME: Sorry for the late attendance, was finishing up a session. I'm a psychotherapist at a group private practice in NYC. In addition to the work at my practice, I do volunteer work at with wounded Israeli veterans of war (in Israel)

AW: i think we need to address that PTSD is not new its just been renamed through our war it was called shell shock, then battle fatigue then operational stress now ptsd !we need to stop renaming it and address it as a nation

PA: Thanks Matthea. This is so interesting and I've always wanted to work with and assist veterans.

AA: Hi Everyone, I'm an alumni from Columbia University. I am working on my dissertation on homeless youth but I currently teach students online about DSM-5 disorders at Widener University, Chester, PA.

Stephanie Schafer, Online Campus Recruiter: Feel free to reach out to me at saa255@columbia.edu with questions about your application to CSSW

stacy kass: Hi, I am Stacy and work in the alumni relations office at CSSW. Glad to hear so

many alums and friends participating tonight.

TC: Hello from Arizona! I'm a prospective student for the online CSSW option. I'm married to a veteran but also a counselor for people suffering from serious mental illnesses. Several of our members are Veterans who suffer from PTSD.

TANGO ON THE BALCONY (FILM)

Michael Day: We are watching a trailer for *Tango on the Balcony*, a film that I co-produced with Tribeca award winning Director Minos Papas. With *Tango* we hope to fill the void between over-arching Hollywood war narratives such as [American Sniper](#) and first-person documentaries like [Restrepo](#). If you have any questions about the film, please ask me after the conclusion of the webinar or e-mail me at William.michael.day@gmail.com. Enjoy!

Susan Stewart: www.tangoonthebalcony.com

Questions raised:

J: Michael Day: Were the actors in your film veterans as well?

NS: Michael: have you screened the film for any veteran groups? What reactions are you getting?

LC: For Michael: How long was it after you returned home that you were diagnosed with PTSD

PTSD SYMPTOMS

Franklin Swayne: <http://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/basics/symptoms/CON-20022540>

JM: dissociation from child to deployed veteran after reunification

J: Sleeplessness

JZ: Distancing themselves emotionally

L: isolation

JC: sleep issues

KT: inability to bond to children

L: financial problems

I: they become isolated because of the anxiety

JC: He was a completely different man before he joined the Army.

JD: driving was something my brother had trouble with after deployment. Potholes specifically because of buried IED's.

NS: For anyone interested in a trauma/PTSD primer, read Dr. Judith Herman's book: [Trauma and Recovery: The aftermath of violence—from domestic abuse to political terror](#)

LC: dont forget about [acute stress disorder](#) too! (It's highly predictive of subsequent PTSD.)

BARRIERS TO SEEKING TREATMENT

BT: the military culture...risk of separation...stigma...

TC: Worry about losing their clearance

J: Fear of loss of benefits and unfair treatment

BT: there are alot of resources, its just not something they want to risk doing

N: Physically and Mentally fit gets drilled into a soldier from day one. "Soldier's Creed".

AS: afraid they will lose their security clearance, which may happen

PF: not manly, not easy to get care that is appropriate and palatable

ES: Privacy is an enormous concern with active military members seeking mental health care

LK: concerns about having a MH Diagnosis on their record, record of taking antidepressant medication

PH: Fear of losing employment

RG: one thing that I was taught in the military is that less is more, with that being said, often we hear that we would be discharged if we had a mental illness.

AS: R, a lot of vets are in danger of losing benefits because the government is trying to prove that they had psychiatric problems prior to deployment. There are HUGE barriers to care.

JL: Pride and Ego barriers

JC: I know a couple of vets who know about all the resources available, and insist that there is nothing they need to seek care for. One of them has said that weaker men seek help, but he is not weak.

GC: Some don't recognize the symptoms.

BT: i currently work with rural veterans suffering from ptsd. its a major issue

PF: not all veterans can use the VA for care, based on discharge status

BT: survivors guilt gets in the way

K: Moral injury

LK: lack of awareness of the disorder itself (symptoms, etc)

K: I'm enrolling in the military and one of the big elephants in the room at MEPS ([military entrance processing](#)) is flags for mental health. so many recruits chose to just say no but later talked about how they purposely left it blank so it wouldn't draw attention. you're pressured from day 1 to not talk about lest it stop you from serving

J: K - what an important point!

K: thanks J!

C: fear of jeopardizing career

CB: End the stigma, recognize combat related PTSD/Moral injury as combat wound making the injured eligible for the Purple Heart.

AS: If I were young enough I'd join the military mental health care system and fight for vets to receive appropriate care.

AW: the main fact that punishment from the government is probably the biggest issue why we dont talk about

J: a void in service, many vets I know believed that their job was not done after their first tour and felt the strong need to go back for a second or third tour. Which may have led to repeated trauma.

AS: J, so right. They're imbued with a strong sense of mission, and the government betrays them.

BT: there is currently a bill on the floor that will increase the level of mental health screenings from beginning to end of service

AS: let's hope it passes, B!!

BT: lets hope it doesnt....

BT: it will destroy our fighting force....too many unintended consequences

AW: the fact vets can't get certain jobs with a ptsd rating is terrifying for guys getting out so the wont go get help so they can get a job to take care of their family

SS: I agree that PTSD and the whole culture of effects of military service should be normalized, to the extent that the stigma of the various effects and post-war needs can be more acceptable that will then encourage the vets to reach out and seek help without fear, shame, etc.

LK: NAMI does destigmatizing for MH. Maybe they have or can have programs specific for Vets with PTSD

LK: [In Our Own Voice](#) was a NAMI program where people with MH disorders speak to providers about their experience with Mental Illness. I can see that if Vets speak to other Vets, this could be quite powerful

CD: It would be interesting to see how a twelve steps support group might help with PTSD

Questions raised:

RR: Q: anecdotally, what specific variables (i.e gender, # of deployments, age, etc) would you say contribute or is correlated with the stigma surrounding seeking mental health services?

BT: what are your thoughts on the assertions that there is alot of [malingering \(feigning\) of ptsd](#) to get disability rating?

J: heard a lot about that B . . . similar to stolen valor

BT: A large wall we keep hitting in research

SS: Given the very nature of serving in the military and going to fight in war, etc., is it wrong to consider that PTSD is an inherent /given impact on all the men and women?

VIETNAM VETERANS & PTSD

PC: There must have been many Viet Nam vets with PTSD that were never treated due to lack of knowledge about PTSD in those days

BT: I work with Vietnam veterans through our local military council and they do have ptsd it just wasn't discussed like it is now.

NS: That's right- the term PTSD didn't come into use until late 80's/90's. **IA:** Thank you for your service

PC: I was not diagnosed for years after the war

CD: I'm a graduate from CUSSW in 1975. Retired from The University of Puerto Rico as a social worker. I was in Vietnam a year in the Air Force in 68 and a year later was receiving private psychotherapy and never associated it to PTSD. I am 70 years old and suffer from occasional panic attack. Never dealt with it at Veterans' Hospital, but will soon. I want to know if symptoms may not be identified at a younger age, but manifest at an elder stage of life.

IA: Are you comfortable talking about it or not so much?

AS: C, there is research about Holocaust victims manifesting PTSD symptoms decades after being liberated, so I'd say yes. Also, men's testosterone levels wane as the years go by, and that can contribute to the manifestation of psychiatric symptoms

CD: Thank you, A

NS: There's a front end time threshold on PTSD (not official until at least 6 months after traumatic event), but no threshold for when symptoms can appear later

TRANSITION TO CIVILIAN LIFE

BT: [TAPS](#) (Tragedy Assistance Program for Survivors) is terrible!!!!!!!!!!

BT: it's death by powerpoint...a check in the box

BT: There needs to be a better program than TAPS (Tragedy Assistance Program for Survivors)

S3: Are the TAPS resources only available to service members/veterans who have been honorably discharged, or to those who have received less-than-honorable discharges as well?

Franklin Swayne: All service members must complete TAPS

K: That's unbelievable that transition services are so lacking

BT: yes! the transition is awful...they lose the brotherhood

SP: I'm a Vietnam era vet, transition to civilian life was nonexistent in those days. It's really good to see the government working diligently to bridge that gap.

JL: Is there some sort of veteran peer support system in place to act as liaison in helping vets get mental health treatment?

AS: Some agencies use vet peers

H: Yes they can attend any vet center or see what peer support groups the local VA offer

SP: The [VA's Peer Specialist program](#) is big in the New York area

SP: Its a free training in the NYC and NJ area

SP: Peer support specialist is still in active at the [Lyons VA in New Jersey](#). I was just employed in one of those slots

H: the [VA's Transition & Care Management program](#) is for all deployed veterans this program is a 5yrs program. It is offered to help the veteran transition back into civilian life. this was the OIF /OEF and OND program

RG: [Vet to Vet](#) is a great peer group to help Veterans

BT: veteran to veteran started last year, but died out, haven't heard much after last year....is it still going, R?

RG: there are different programs I am located in NY and I work for an agency that continues to run a Vet to Vet peer group and multiple outings and even PT!

X: also <http://www.vets2vets.org/>

DM: what was the Mission ?? that Michael mentioned

Michael Day: @ D - <https://www.missioncontinues.org>

FAMLIES / PTSD CONTAGION

PC: I have been divorced twice and never had children. One of the results

JD: I've read journal articles that made the assertion that PTSD is the only psych diagnosis that is in a way contagious: family members will develop symptoms of their own from trying to care for those with PTSD.

JD: PTSD contagion: <http://www.motherjones.com/politics/2013/01/ptsd-epidemic-military-vets-families>

LK: I had a client, spouse of vet, with anxiety and depression.

PA: Does family psychoeducation in have any significant impact on the family member with PTSD or triggers, or does it help their own coping skills more?

LC: @P I think that family psychoeducation to help with transition periods would be very beneficial

AS: Family psychoeducation teaches families about what their loved ones are going through, and how best to help them

LK: NAMI does wonder with family-based psychoeducation Maybe VA can tap into this resource [National Alliance on Mental Illness](#)

AA: The family of Vets have to get involved.

J: Even with families, the lack of understanding on how it feels for veterans to return from deployment can lead to tension and stress in-home

J: Resources for families created by veterans explaining returning from deployment would be an interesting resource to propose

AW: the [VA CARE Giver program](#) as a whole needs to be the same across the board and it's not

AS: Omega Institute has a number of services for vets & families

<https://www.eomega.org/veterans>

KD: [Total Outdoors](#) is a nonprofit that holds camps for military and their families. We try to give them a weekend away to just be with their families and other military members to learn flyfishing and enjoying the outdoors on Penns Creek in PA

RD: Just an FYI for your audience, The American Red Cross offers [Reconnection Workshops](#) for veterans and their families with deployment issues at Yellow Ribbons and other venues. I just began giving these workshops as a retired Army Reserve LTC and have found this a useful psychoeducational tool.

Michael Day: Thanks R. I was unaware of that program. I will add it to my vet/civ resource guide.

RD: The Reconnection Workshops are given by [Service to the Armed Forces](#) licensed providers.

Questions raised:

K: 2 questions: (1) Can Michael say more about "sympathy complex" among family members of vets with PTSD? and (2) Can anyone speak to relationship between PTSD and chronic pain in vets with PTSD, and implications for treatment?

HELP FROM NON-VETS

PC: A lot of vets don't feel comfortable talking to anybody but other vets

S: What do you think it will take for Vets to be willing to accept help from non-Vets?

PC: Trust

AS: F, i think treatment teams need to combine vets and non-vets

N: FS, I would have to agree, trust.

AS: Clinicians need training in military cultural competence

K: If the VA can't get its issues together, veterans will be forced to turn to non military services for PTSD, but those civilians cannot bring the mentality of serving into their own therapy, hence the catch22

AA: Veterans need to know that there are resources and where they can go without judgment.

L: DBT skills help

N: Any advice on getting a Vet to seek help? I know you can't force them. (Asking for personal reasons.)

Michael Day: Great question N.

Franklin Swayne: N, very real question. Thank you.

LC: I think just letting them know what resources are available and providing that for them. so they can sit on it a little bit too, and ask if it's okay to follow up at another time if they are not ready

AS: Laughter is the best medicine

NS: Laughter is connection!

JC: Not everyone feels that way. You shouldn't assume.

J: [Call Me Crazy: A Five Film](#) available on Netflix was an interesting film that touches on the coping of mental health diseases and includes a short segment with veterans.

AS: The tv comedy [You're the Worst](#) has a vet with PTSD. "Humor is emotional chaos remembered in tranquility." - James Thurber

BT: [terminal lance](#) actually tackles this issue, counterintuitive as it may seem

BT: The biggest issue is how caregivers give help, it can create greater guilt

AS: Say more about that B

BT: studies are starting to show that empathetic language for individuals with PTSD that is combat specific is triggering

AS: Empathetic language is triggering?

BT: when a caregiver says you did great today, it creates shame and guilt and they feel they have to meet that metric every time and creates undo stress

BT: generally speaking....combat specific MOS individuals do not respond well to empathy

AS: So what should the caregiver say, B?

NB: Yes what are alternative ways to communicate affirmation then?

BT: for some (mostly combat) confrontational styles are showing promise

AS: B, do you have any articles about this?

BT: I am currently compiling a list because it is my research base

PH: B: As a Veteran diagnosed with PTSD and a current social worker that deals with the same, I would have to say that each PTSD case is different. Some Veterans do respond to empathy and goal setting while others need space to develop their own plan.

BT: every individual is different and responds differently

Franklin Swain: I stress the importance of seeing and letting your client be your teacher. This requires social worker to see their clients as equals and partners in the helping relationship.

D: so in the end, it really boils down to person-in-environment and cultural competence

Question raised:

BT: what are your thoughts about confrontational communication style in therapy?

PTSD TREATMENT

JD: [Cognitive Processing Therapy](#) is a form of [CBT](#) specialized for PTSD, and there is also [EMDR](#), which is an experimental form of [PE Therapy](#).

BT: isn't [DBT](#) shown to be more appropriate than CBT?

AS: M, what's the name of the agency that offers complimentary THERAPY?

J: [Give an Hour](#) -A

J: We offer free care at the [Military Family Center](#) - our therapists are LSW, LCSW and Give An Hour Providers in Harrisburg PA

RG: I completed [CPT](#) and it really was helpful

K: I completed [CPT](#) also. It was really tough but I'm glad I did it

RG: K I agree.

J: Michael Day - We have a close family friend is a Vietnam era combat Marine and said [Prolonged Exposure Therapy](#) saved his life

RR: lot of work in the area of [prolonged exposure therapy](#) being done, specifically through virtual reality apparatus

AA: I have heard great things about Prolonged Exposure Therapy.

J: A - the [VA in Coatesville PA](#) offers Cognitive Exposure/Reprocessing Therapy and I've heard good things from most clients

BT: Multiple Channel Exposure Therapy (CET) is amazing, hard to get compliance but when you do the results are breathtaking

PH: There is no "one size fits all" answer to PTSD treatment. Every individual responds to this condition differently. Another issue is the lack of communication between resources. There are resources available at the federal level through the VA, state and local communities have their

own systems and non-profits are popping up everywhere. Pennsylvania is trying to consolidate all these resources through www.paserves.org but it is a new program and not everyone is willing to come on board.

J: Structural changes in insurance system to improve continuity of care and better coverage of newer, brain/body based treatments

PH: It would be great if there was an organization to put all these resources together so Veterans know where to go and also to consolidate funding to better serve Veterans

J: military one source is supposed to pull things together P <http://www.militaryonesource.mil/>

LC: Military One Source website is the worst to navigate

PH: I am a veteran and have been on military one source. It is limited in its capabilities. There are many more resources available to Veterans

Michael Day: Thank you for everyone's participation. Let's keep this conversation going.

Whether you are a civilian or a veteran, you will benefit from open dialog about war related PTSD and what is being done to combat it or cope with it. I highly recommend that you check out two great resources 1) [Hope for the Warriors](#) and 2) [The Soldiers Project](#). Hope for the Warriors offers an array of services, including financial support if a veteran chooses to enter an inpatient PTSD program. The Soldiers Project provides confidential non-VA therapy to veterans at no cost. [Please e-mail](#) if you would like a list of veteran/civilian resources.

J: Heard great things about The Soldiers Project, Michael

Matthea Marquart, CSSW Online Campus: We will send out a list of the organizations with the recording.

Questions raised:

JD: I'm not sure if you guys have looked into [Brené Brown's work](#) [Brown's work on alleviating shame through therapy](#). If so, is that applicable to that side of PTSD?

PF: What are your views on individual vs group therapy for veterans?

Franklin Swayne: Need to really choose wisely with who you put in the group

PA: I've heard there is a lack of data regarding effectiveness of specific treatments, is there valid research that you can point us to?

D: I'd also like to see any evidence-based research you'd recommend

Franklin Swayne: <http://www.newsmax.com/FastFeatures/post-traumatic-stress-disorder-treatment/2014/11/20/id/370857/>

D: that's perfect! thanks so much :)

NS: I've been thinking a lot about how to get good mental health services to rural areas. Do either of you have any ideas/suggestions how to facilitate that? Also, thoughts about reaching vets who are ambivalent about acknowledging PTSD?

J: What are your thoughts about tele-counseling or web-based counseling for rural vets or those that might have transportation barriers?

LC: In Home Therapy is developing more as well

AS: Skype therapy

NS: I've got concerns (not the only one) about people not having private spaces where they feel comfortable discussing private things,

BT: skype isnt [hipaa compliant](#); google hangouts is

J: There are web-based platforms that are compliant I believe, B. Have a colleague of mine who uses one

LC: PTSD Coach Phone App: <http://www.ptsd.va.gov/public/materials/apps/PTSDCoach.asp>

K: J, I think the stats show that after in-person therapy, phone therapy is more effective than

text-based web therapy

AS: But you need to build up a good rapport first

ALTERNATIVE THERAPIES

GC: Are you familiar with equine-assisted therapy for those with PTSD?

AS: yes, I've seen presentations on equine therapy. looks amazing.

PF: We at Columbia psychiatry are planning a trial of equine therapy for treating PTSD in veterans (non exposure group treatment). Are waiting for approval by the IRB

GS: Nice, P. I'm part of the equine-assisted therapy community.

LC: that sounds really interesting P! Hope IRB approves everything!

GC: The [PEACH Pit is hosting a workshop in July](#) that introduces clinicians to equine-assisted therapy and the military mindset, specifically to give clinicians one more tool to help veterans with PTSD.

BT: [EAGALA](#) is a great equine therapy model

AW: [recreational therapy](#) works amazingly because there in a peer environment

DL: how much is pet therapy helpful?

BT: very d!!

KJ: [Great book about service dog for vet with PTSD](#) by Luis Montalván

JC: I have read a number of different surveys on the benefits of service animals in PTSD therapy. It seems to be pretty effective.

AA: I like the idea of having animals in PTSD therapy as well as music.

BT: Yoga is an amazing asset, it's just difficult to get them to go

L: At the [Northport VA](#), we offer reiki as a drop-in group, yoga, and tai chi

BT: also [Tension and Trauma Releasing Exercises](#).

LC: The owner at the gym I go to in Hoboken, NJ has a High Intensity Workout program at the [Bronx VA](#)

AS: Awesome!

LC: Doing group workouts to help with PTSD

K: Preliminary research is showing that [music therapy for PTSD](#) is incredible helpful - traumatic memories are stored in the right hemisphere of the brain, opposite of [Broca's area](#), and music is a great way for PTSD clients to express their emotions while bypassing verbal language

ME: need more services that are not pathology oriented...respite/leisure activities for veterans and family members that doesn't focus on pathology but is sensitive to it. provides sense of community

AS: Yes M! I educate people on essential oils and there are so many that can greatly assist veterans dealing with anxiety!

ME: yea!!! creating space for community and experiences with other vets that aren't tx. or pathology oriented!!!

LC: @M I know the Bronx VA has many sport activities with a focus on PTSD for veterans. not sure about the family members

JD: I volunteer with an organization called Team Rubicon, which organizes and trains vets to be certified FEMA disaster response workers. Great group of folks doing some seriously significant work: [teamrubiconusa.org](#)

J: Sounds like a terrific program, J!

BT: team rubicon is amazing! so is [Operation Enduring Warrior \(OEW\)](#) and [team RWB \(Red,](#)

[White & Blue\)](#)

VETERANS' COURTS

ML2: Several of the counties around me here in PA have a Veteran's Court in place.

AS: they are slowly getting into various jurisdictions... It is not nationwide yet.

K: Veteran courts -- what a great adaptation

ED: In Pennsylvania there is a bill in the legislature requiring vet courts in all counties

PH: Allegheny County has a great [Veterans Court Program](#) implemented partially by [Duquesne School of Law](#)

J: Veterans Courts in PA - <http://www.pacourts.us/judicial-administration/court-programs/veterans-courts>

AS: vet courts are SO IMPORTANT

G: This is such an important topic. I am an LMSW but also a Federal probation officer. Too many of our vets are involved with the criminal justice system.

MILITARY SEXUAL TRAUMA

FS: What are some of the issues faced by women Vets that are currently going unaddressed?

AS: Women vets often suffer from military sexual trauma

GC: One crazy aspect of "sexual trauma" for women in the military is that if you've ever checked "yes" to having face sexual harassment, VA identifies you as being a victim of sexual trauma.

J: Do y'all think there is a further divide among people diagnosed with PTSD between people whose trauma is related to deployment and those whose trauma is related to stateside reasons such as sexual assault or physical trauma?

AS: Definitely, I do J.

JD: I think there is some divide. PTSD is very individualized. Most studies will focus on patients that experiencing trauma from a specific cause like rape or combat, because there is so much difference between them

BT: very good point...they are very different

AS: I think women who've suffered military sexual trauma have even more trouble accessing treatment

L: We see more [MST](#) with men than women.

KJ: re [Military Sexual Trauma](#), there are many male veterans who have also experienced it and have great difficulty coming forward

G: More men experience sexual violence in the military, however a higher percentage among women.

BT: there is a large divide between combat and stateside PTSD—that what is currently being researched

AS: B- Do you know who is doing that research? re: combat v stateside PTSD

BT: currently USC and the VA and [VCU](#) that I know of off the top of my head

AS: TY. I knew USC but did not know who else. I usually take VA's research w a grain of salt.

BT: I am working on getting onto the VA research team

AS: That would be great! They certainly need more outstanding researchers.

J: It seems there was an agreement among the chatters that there is a divide in treatment of

people diagnosed with PTSD whose trauma was combat related and others whose trauma was stateside related. And if you agree what do you think contributes to that? It seems that most of the focus is on combat PTSD and stateside trauma is largely overlooked or disregarded. What are your thoughts on that?

I: I would love to hear a discussion like this one about how to help women vet with PTSD

Franklin Swayne: <http://www.servicewomen.org/>

RG: I am a woman Veteran and would love to collaborate with you on some concerns on Woman Veterans and PTSD.

JOBS WITH VETERAN ORGANIZATIONS

ME: During my job search after graduating from columbia i specifically looked for clinical work with veterans and opportunities were really limited for SW. many more opportunities for psychologists...

AS: true dat. It is easier for a camel to get through the eye of a needle than for a social worker to get into the VA

NS: @M - me too. I was disappointed. I hoped that it wasn't a reflection of limited services

JD: M & A, that sounds pretty disconcerting for someone looking to do just that.

BT: It's not impossible to get into the VA you have to start volunteering first...or have a skill they really need

AS: J, it's incredibly competitive in NYC. I work at DHS as the clinical director of a program for veterans, but I graduated in 2008. I wouldn't say it's impossible, but it's definitely not easy

Franklin Swayne: A, VA is looking at many retirements in the coming years ... the future of being hired may improve with vacancies from retirements

H: please contact me if you need more info I am a veteran and work in the VA

AS: Hope you're right, Franklin. I have collected a series of extremely blunt rejection emails from the VA ;0

Stephanie Schafer, Online Campus Recruiter: M, I am surprised to learn of your experience with SW and VA. Feel free to contact me and maybe we can connect you some alumni who are currently at the VA

ME: Thanks. There were plenty of opportunities but they were more case management/admin oriented which was not what i was looking for. I'm really happy with my current employment but would love to be involved in my free time similar to my work in Israel.

SP: I work with [Urban Pathways](#), and we provide homeless veterans with housing.

MILITARY SOCIAL WORK TRAINING

JM: Can anyone suggest a Military and Veteran Behavioral Health Post-Master's Certificate Program that is less expensive than Widener University?

J: Temple has a Post-Graduate, Online Certificate in Military Counseling - <http://harrisburg.temple.edu/academics/online-certificate-military-counseling>

C: Temple's certificate is all online

BT: [warrior centric healthcare training \(WCHT\)](#)

KT: The American Red Cross has a division called [Service to the Armed Forces](#)...check the website.

LS: I also volunteer with the Red Cross SAF. They are doing great work!

KT: I am also a volunteer with the American Red Cross SAF. I am a caseworker, we do all the

follow-up for the Red Cross Emergency Communications and also Information and Referrals.

L: They offer so many trainings for free for their volunteers, if anyone is interested in joining the Red Cross. :)

LC: I just graduated May 2015 if anyone is thinking about going to Columbia and wants to talk :)

LC: go lions! wooo wooo

KR: I'm graduating this spring

AS: I loved CSSW

AS: Social work is the ideal profession to help vets, Franklin!

Franklin Swayne: Take the quote !

JD: you are not just a counselor, but also a facilitator and advocate. That's what draws me to the social work degree.

HR: Yes!! I am a policy-focused social work student and I completely agree with that statement. There is so much more to do within social work that is outside of clinical work.

Stephanie Schafer, Online Campus Recruiter: Thank you H, CSSW offers multiple tracks/types of social work to specialize in

Matthea Marquart, CSSW Online Campus: For those who were interested in applying for an MSSW degree, our application deadline for our online program is April 25