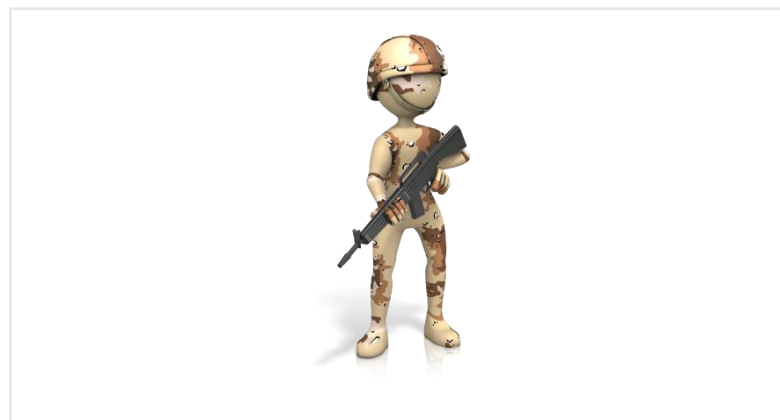


Texas Veteran Commission



- Military Trauma's –
“A Deeper Dive into Military Trauma's”

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The content of this training will include topics that may be difficult for some to discuss. We will do our best to make this training a space where we can engage, with difficult content empathetically and thoughtfully. If you need to do so, please so note in the chatbox.

Suicide Prevention Hotline 988

Military
Culture
Moment

Navy Berthing Compartment





Navy Head – Airforce and Marines use Latrine

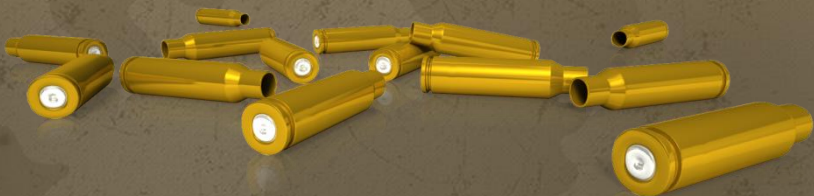
Military Trauma's

PTSD
Moral Injury
MST



Trauma Experiences

- ...are those that are overwhelming, invoke intense negative effects, and involve some degree of loss of control and or vulnerability.
- Dr. Jana Presley, 2023



Potentially Traumatizing Events for Military

- Being physically moved or knocked over by an explosion
- Being wounded or injured and not requiring hospitalization
- Being wounded or injured and requiring hospitalization
- Witnessing brutality toward detainees/prisoners
- Being responsible for the death of a civilian
 - Having a friend who was seriously wounded or killed
 - Seeing dead or seriously injured non-combatants (e.g., Women, children, elderly)
 - Smelling decomposing bodies
 - Sexually assaulted by fellow servicemember





After you have been traumatized you live in
a different universe

1. Psychologically,
i.e, how to perceive your surroundings

Cace is 22-year-old hispanic female veteran. She joined the service after high school. Cace grew up in a chaotic home environment. Her biological father left when she was 6 and never had contact with the family since.

Her mom never remarried but has had several live-in boyfriends, none of which Cace connected with. One of the boyfriends had a domestic assault charge filed against him for striking the mother in a drunken rage. Cace was happy to join the military to escape the chaos.

Cace joined the Army and served as a Combat Infantry soldier. She served two long tours in Afghanistan.

The CACE CAMOUFLAGE Story

Prior to leaving for deployment Cace was sexually assaulted as a soldier at her new Army Base. Cace said she was driving a fellow soldier home because he was drunk after an evening out. “I had never known this person and I was just giving him a ride home when the assault occurred.”

While on a mission her squad was assigned to clear an area and Cace was providing cover for some squad members. The squad was blindsided and several soldiers were killed, one of which was Cace’s best friend. Cace feels guilty believing had she provided better cover the death of her friend could have been prevented. She suffers from guilt, intrusive thoughts and headaches.

The CACE CAMOUFLAGE Story

Cace was medically discharged and was diagnosed with PTSD. She has a 100% disability rating

Cace is currently unemployed and lives with a friend

She has no contact with her mother and wants to stay home all the time in order to stay safe.

Cace has started drinking because it helps her relax

Suffers from anxiety, Insomnia and headaches

The CACE CAMOUFLAGE Story

Trauma Assessment

1. Why has Cace been referred?
2. How is Cace currently functioning and what are her symptoms
3. External Family Dynamics
4. Peel back that layer. Are there any triggers that might be driving the behaviors? If so how might these accelerate her symptoms
5. What are her coping mechanisms
6. Culture
7. Driven from inside or outside
8. Core Beliefs



Trauma Assessment

Symptoms

Dysregulated

Attachment issues

Sexual Assault Symptoms

Guilt, Intrusive thoughts and
Headaches

Not wanting to go anywhere

Low self esteem

Social problems

Insomnia



Cace's Core Beliefs

1. Safety

2. Responsibility /Guilt

3. Shame

What do we need to address first to bring Cace some sense of stability

Symptoms

Dysregulated

Attachment issues

Sexual Assault Symptoms

Guilt, Intrusive thoughts and Headaches

Low self esteem

Social problems

Insomnia

drinking



Hypothesis

I'm to blame -

The World is unsafe

No one can be
trusted



Estimated Prevalence of PTSD

Active Duty

8.3%

Veterans

10-30%

PTSD

Core Issues in PTSD

- Loss of purpose
- Stuck in the past and needs help to live in the present.
- Out of sync with the world around them

PTSD

“Nobody is safe with me”

“I’ve become very angry”

“When I am with my
sweetheart, I don’t feel
anything

“I can’t connect with my
child”

SHOW

PTSD Criteria – DSM-5

A. The Stressor Criterion



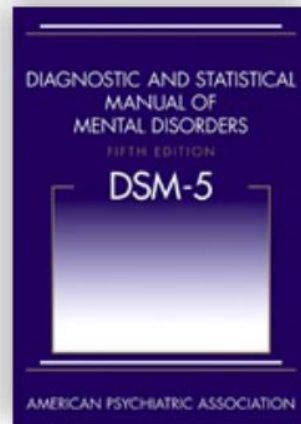
B. Intrusion (1)



D. Alterations of Cognition & Mood (2)



C. Avoidance (1)



E. Hyperarousal (2)

F. One Month or More

G. Functional Impairment or Distress

Criterion A

- Exposure to actual or threatened death, serious injury or sexual violence in one (or more) of the following ways:
 - 1. Directly experiencing the traumatic event(s).
 - 2. Witnessing, in person, the event(s) as it occurred to others.
 - 3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
 - 4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).
- Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work-related.

Test Your Knowledge

Does it Meet The Criteria?

Watching a violent movie

Being injured in a firefight

Being raped

Being yelled at by a drill instructor

Being Deployed

Divorce

Witnessing a KIA Video review of UAV missions



B. Intrusion (1)

Intrusive, Distressing
Recollections

Distressing Dreams

Dissociative Reactions
(e.g., flashbacks)

Psychological Distress to
Reminders

Marked Physiological Reactions to
Reminders



C. Avoidance (1)

Avoidance of Internal Reminders
(memories, thoughts, feelings)

Avoidance of External Reminders
(people, places, conversations,
activities, objects, situations)



D. Alterations of Cognition & Mood (2)

Traumatic Amnesia

Persistent Negative Beliefs and Expectations

Persistent Distorted Blame

Persistent Negative Emotional State

Diminished Interest

Detachment or Estrangement

Persistent Inability to Have Positive Emotions



E. Hyperarousal (2)

Irritability and Angry Outbursts

Reckless or Self-Destructive
Behavior

Hypervigilance

Exaggerated Startle Response

Problems with Concentration

Sleep Disturbance

PCL-5 Scoring: Symptom Clusters

B. Intrusion (1)

C. Avoidance (1)

D. Alt. of Cognition & Mood (2)

E. Hyperarousal (2)

<i>In the past month, how much were you bothered by:</i>	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "superalert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

PTSD Self-Screen



PTSD Self-Screen

This self-screen can help you find out if your feelings and behaviors may related to PTSD.

Only a trained provider can diagnose PTSD. Your responses here are private and secure—they are not collected or shared. You may take a screenshot or print this screen to share with a provider.

Do not take the self-screen for someone else. If you are concerned that someone you care about might have PTSD, please share this screen with them instead.

START SCREEN

PTSD SELF SCREEN

PTSD Self-Screen

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- A serious accident or fire
- A physical or sexual assault or abuse
- An earthquake or flood
- A war
- Seeing someone be killed or seriously injured
- Having a loved one die through homicide or suicide

Have you ever experienced this kind of event?

YES

NO

START OVER

PTSD SELF SCREEN

PTSD Self-Screen

In the PAST MONTH, have you:

1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?

YES

NO

2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?

YES

NO

3. Been constantly on guard, watchful, or easily startled?

YES

NO

4. Felt numb or detached from people, activities, or your surroundings?

YES

NO

5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

YES

NO

PTSD SELF SCREEN

You scored 3 or more on the PC-PTSD-5 (Primary Care PTSD Screen for DSM-5).

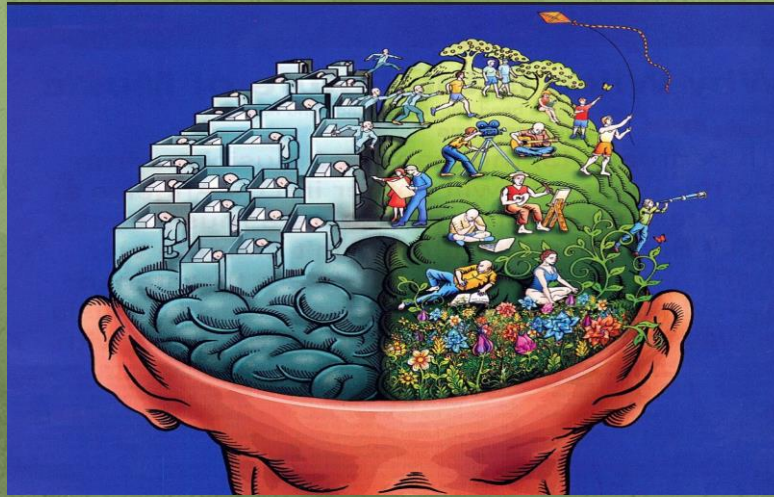
Your answers suggest you may have PTSD.

Your score does not mean that you have PTSD. Talk with a health care provider to get the help you deserve. PTSD treatment works, so why wait?

[**PRINT SCORE**](#)[**NEXT STEPS**](#)

EVIDENCE-BASED TREATMENT FOR PTSD

EMDR- Eye Movement Desensitization and Processing



COGNITIVE PROCESSING THERAPY

12 session specific cognitive behavior therapy

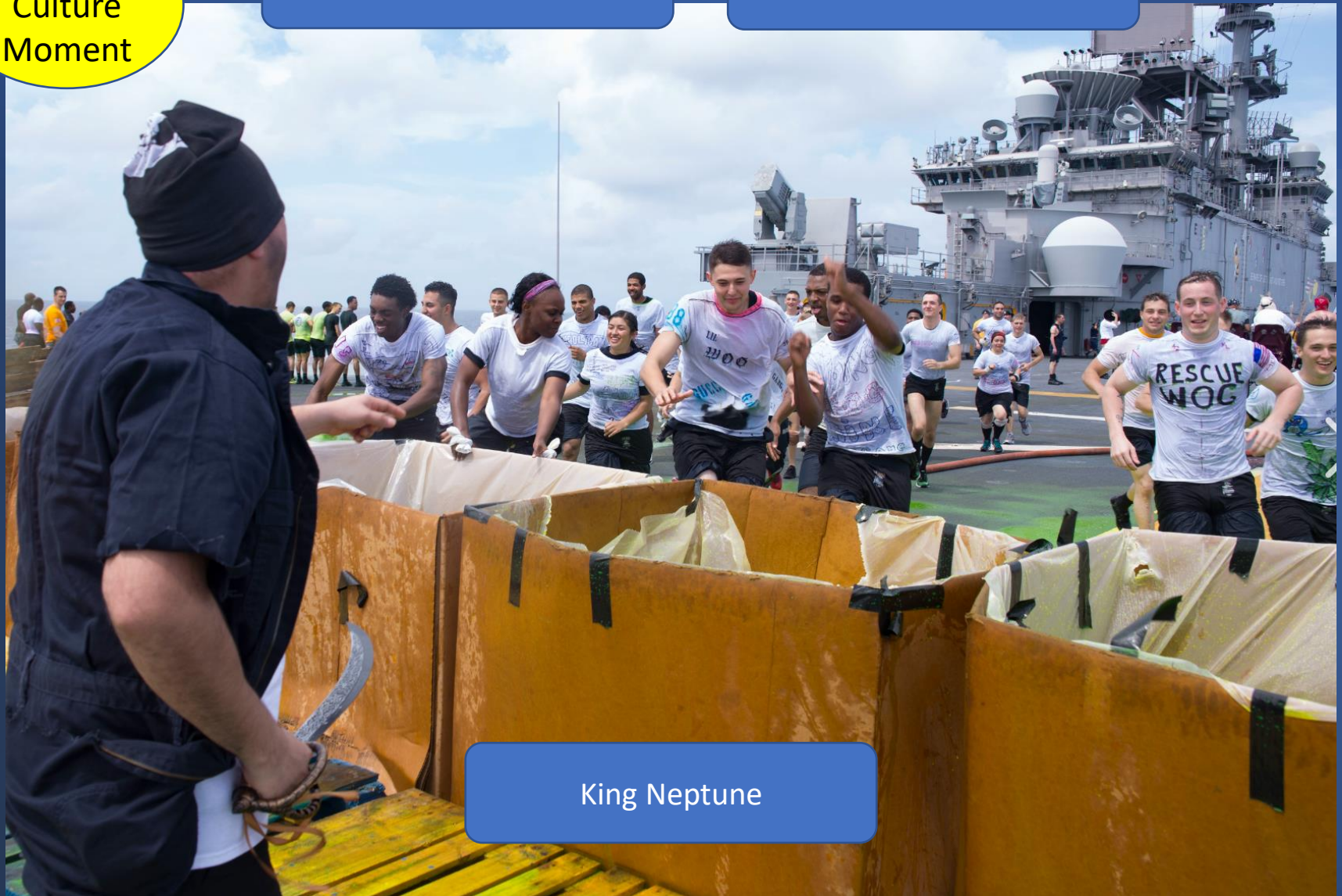
PROLONGED EXPOSURE

“the world is predictably dangerous I cannot cope”

Military
Culture
Moment

Poly Wog

Shellback



King Neptune

Moral Injury



The Hidden Wounds of War: Exploring the Impact of Military Moral Injury

What is military moral injury and how does it impact veterans' mental health and well-being?



militaryfamilieslearning

Moral Injury Definition

A type of psychological trauma resulting from actions or inactions that violate a person's moral or ethical code

In order for moral injury to occur, the individual must feel like a transgression occurred and that they or someone else crossed a line with respect to their moral beliefs.



Different Types of Moral Injury

Transgressions by
self

Transgressions by
others

Betrayal



veteranmentalhealth.com

Symptoms of Moral Injury

- Guilt and Shame
- Depression and Anxiety
- Substance Abuse and Suicidal Ideation



Pic from freedomspheonix.com

If Onlys and Shoulds – Four Main Foci

The Self

“If only I did something different”; “If I were different”

The Deceased

“If he/she were different or acted differently”

Other People

“If only others were different or acted differently”

The Circumstances

“If event was different or the world was different”

no-Prelorentzos, & Mahat-Shamir, 2021)



Cace's If Onlys and Shoulds

Prevalence of Moral Injury in Veterans

Overall, 41.8% of Veterans endorsed at least one form of moral injury

Vietnam Veterans – 36 %

Post 9-11 - 55%

Women more frequently reported moral injury than men

https://www.ptsd.va.gov/publications/rq_docs/V33N1.pdf



Importance of Understanding Moral Injury

Why it is important
to acknowledge and
address moral injury
in veterans?



Diagnosis of Moral Injury

Moral injury is not a diagnosis. A veteran will be diagnosed for PTSD and then treated for moral injury



Pic from crossroadshospice.com

Treatment for Moral Injury

- Evidence-Based Treatments
- Spiritual and Moral Approaches
- Importance of Social Support



Moral Injury Interventions

Self-kindness vs. self-judgment
(treating self with kindness and compassion)

Compassionate letter to self
Best friend approach

Common humanity vs. isolation
(seeing one's failures as part of being human)

Ritual

Group

Journaling

Gratitude

A balanced view of one's failures, suffering, and experiences and not suppressing or exaggerating them)

Treat yourself as you would others you care for

Supporting Veterans with Moral Injury

- Access to Quality Care
- Peer Support Programs



Pic from peoplesworld.org

The image features a solid blue horizontal band at the top. The rest of the image is a brown background with a complex, organic, marbled texture. The text "Get ready..." is centered in the brown area.

Get ready...

What is military moral injury?

- A A type of psychological trauma resulting from actions or inactions that violate a person's moral or ethical code.
- B A physical injury sustained during combat.
- C A type of injury caused by exposure to chemical or biological weapons.
- D A type of injury caused by excessive noise exposure during combat.



What is one of the consequences of military moral injury that sets it apart from PTSD?

- A Increased anxiety levels
- B Difficulty sleeping
- C Loss of sense of meaning and purpose
- D Hyper-vigilance



What is the definition of military moral injury?

- A A traumatic brain injury caused by combat exposure.
- B A physical injury sustained during military service.
- C A psychological injury that results from actions or experiences that violate a service member's moral values.
- D A type of post-traumatic stress disorder that only affects military personnel.



Military
Culture
Moment

All washed up

When U.S. Air Force pilots complete their final career flight, they're soaked with water—symbolizing a career that's “all washed up.”



We Are The Mighty

Military Sexual Trauma



How is Military Sexual Trauma Defined?

VA's definition of MST comes from federal law but in general is sexual assault or repeated, threatening sexual harassment that occurred during a Veteran's military service

The Experience of Military Sexual Trauma

True or False?

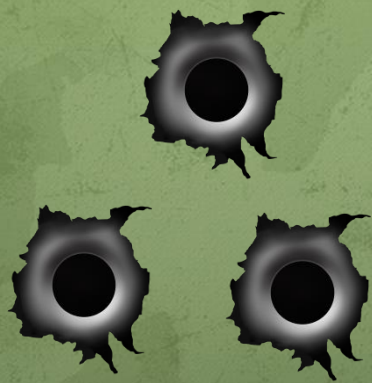
1. MST must occur on base, and while on duty to qualify for benefits.
2. Only women can experience MST
3. Era of service does matter

Examples

- Pressured/coerced into sexual activities
- Sexual contact without your consent
- Touched in a sexual way that made you uncomfortable
- Repeated comments about your body or sexual activities
- Threatening and unwanted sexual advances

What are the symptoms?

- Research has shown that **sexual assault is more likely to result in symptoms of PTSD** than are most other types of trauma, including combat



Because MST happens in a closed system, where people work, eat and sleep in close quarters, what effect does this have?

Difficulties Associated with MST

troublesleeping

strongemotions

difficultieswithrelationships

feelingsofnumbness

remindersofthingsassociatedwithevent

problemswithalcohol

How common is MST for Those Seen at the VA?

- National data reveals that about 1 in 3 women and 1 in 50 men respond “yes,” that they experienced MST, when screened by their VA provider.



True or
False

1

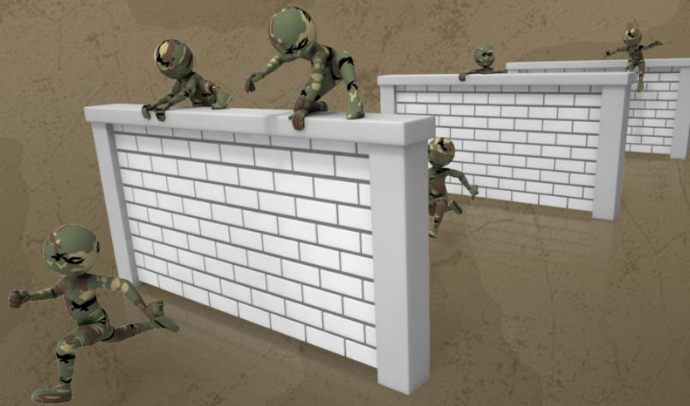


Survivor typically knows the
perpetrator



Yes, it is TRUE!

Military sexual assault usually occurs
by someone they know



No, it is not FALSE!

Due to the close quarters military members live and work in, the perpetrator is usually known by the survivor



2

.Compared to civilians, those who experience military sexual assault may be less able to take time off or away from work to process their trauma.

Yes, it is TRUE!

In the Military Mission is job #1

Other priorities come 2nd

No, it is FALSE!

Military members can be restricted to
time off due to their location and
needs of the military mission



3

One way to leave the military to
escape military sexual trauma is going
AWOL

No, it is not TRUE!

AWOL is absent without leave and is a violation of the uniform code of military justice. This might result in an dishonorable discharge

Yes, it is FALSE!

While AWOL helps a person escape a bad situation to comes with military legal consequencss.

What is Veterans Health Administration Doing?

- Universal screening
- Free MST-related care (medical and mental health)
- National MST Support Team, to continue improving VHA's response to MST

- Veterans can file a claim to receive compensation for any MST-related injuries or disabilities that began or got worse during their military service
- Every VBA Regional Office has a male and female MST Coordinator who can assist Veterans with MST-related claims

Lifeline for Vets
number: **888.777.4443**



QUESTIONS?



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