



Parallel Process in Final Field Education: A Continuing Education Workshop to Promote Best Practices in Social Work

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Working Together: How Peer Mentors and Social Workers Can Collaborate to Serve Veterans and Military Families

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As a clinical social worker, I have had the opportunity to work with returning veterans and Gold Star mothers, women who have lost a child serving in the military. I have witnessed the powerful effect that peer relationships have on the healing process of both returning warriors and grieving families.

Veterans are impacted not only by war trauma but by an array of losses sustained as they leave the community, brotherhood, and mission-driven military culture for civilian life in a world in which 99% of the population has not served and thus have little idea what they have experienced. Military families who lose children while in service face a unique hell of not only the immediacy of the loss but the lasting, life changing impact of the death of their child while in war or through the pain and desperation of suicide.

Both peers and professional social workers have a significant role to play in supporting healing from the losses of war by leveraging their individual strengths and working together when possible and appropriate. These 'Notes from the field' will look at the potential of these collaborative relationships as a means of improving services to veterans and military families.

Let us begin by considering a brief vignette of an interaction with a young veteran and his wife, referred for couple counseling by our local VA through the Veterans' Choice Program:

"He's always so angry. Over the littlest thing he goes into a rage "

The young wife sat on the loveseat across from me in my office looking disdainfully at her husband, a 13-year veteran who served three tours in the Iraq/Afghanistan wars. He had only separated from the military eighteen months earlier. His angry wife had reluctantly come to couple counseling with him because

the fights had gotten so bad she feared for the safety of their young daughter.

Jim hung his head and muttered quietly, "Sometimes it just comes out. I don't mean it. I don't want her to leave me but sometimes I can't control it."

Ellen shook head angrily. "He needs to pull himself together and get over it. I want to stay home and take care of my daughter and he won't get out and work. "

I took a moment to explain to Ellen that all soldiers are indoctrinated into military life in basic training. Regardless of Military Occupational Specialty (MOS), meaning the job they are assigned to do, they are trained to kill. They are trained to use anger as an energizer. And the military doesn't focus on unwiring those automatic responses, which had been engrained in him over a thirteen year career.

Jim nodded, seeming half grateful, half ashamed, as I gave voice to aspects of his military experience he had never been able to share with her. While not convinced that he was not just acting out, she visibly relaxed and was attentive to what I had to say. As the session came to an end, I turned to Jim and inquired, "Have you been in touch with John?" referring to the veteran peer mentor who uses my office each week for a veteran peer group meeting. "He'll understand what you're going through without you even having to explain it." Jim shrugged and said, "I have his number, I'll text him." I encouraged him to reach out, knowing that John, an Iraq War veteran and Purple Heart recipient, would connect with him on a level that I, as a civilian social worker with no military experience, never could.

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With previous experiences as a guide, I knew that the veteran peer mentor would be able to connect to Jim on a deeper level and potentially become a source of support and guidance. This close relationship, similar to the brotherhood soldiers experience while serving, would potentially be a key element in keeping Jim engaged in counseling as well as opening the door to other sources of help as the need arose.

Such practice experiences have emphasized the value of leveraging the healing power of peer relationships in collaboration with the mental health and supportive services offered by social work professionals. A civilian social worker who never experienced military service is unlikely to truly understand the unique qualities of military culture, identities profoundly altered by military and war experiences, the struggle to not only come to terms with loss, but to find new meaning and purpose. A collaborative model emphasizes the benefits of utilizing the unique strengths of both peers and professionals in serving veterans and military families.

Background

As an increasing number of military personnel separate from active duty and return to civilian life it is vital to understand the reintegration process and develop services that will help them navigate this profound change. The transition process requires not only leaving a world in which every aspect of daily life is regulated, but a community of brothers and sisters who are trained to literally lay down their lives for one another. Newly minted veterans may experience these profound losses in addition to the traumas and losses of war and return to an unfamiliar civilian world in which they may feel isolated and unable to connect with family and friends.

The Role of Bonding and Peer Support

A promising avenue for helping veterans smooth the transition is by connecting with other veterans through peer support programs. The United States military invests significant time and resources in taking young civilian recruits and,

through the experiences of basic training and attendance at specialty schools, producing soldiers who have adopted the unique culture and identity that are vital to successful participation in military life. A key aspect of this transformative experience is developing deep bonds of trust and reliance with the other members of one's unit. These profound peer relationships are characterized by unwavering caring for the safety and welfare of one's comrades and, for the combat soldier, the power of shared wartime experiences and the willingness to literally die for one another (Scurfield & Platoni, 2013).

Upon returning home, it is these same qualities of trusted peer relationships with other veterans that can create a safe haven in which wartime experiences may be shared among brothers and sisters who understand in ways that a civilian will never be able to understand (Scurfield, 2013).

The general premise of peer support is that people who have shared a common experience can more easily relate to one another's stories and help each other to heal because they understand each other in a way that someone who has not had the shared experience cannot. This phenomenon of "identification" can be a powerful force for healing and growth.

Studies of Vietnam-era veterans and nurses who served in forward combat areas in Vietnam found that military personnel needed to talk about their combat experiences in a non-judgmental environment as part of the recovery process (Stephens & Long, 1997). Norman (1988) interviewed Vietnam-era nurses and found that the intensity of PTSD symptoms was inversely correlated with the strength of the nurses' social network and the extent to which they were in touch with people who had had the experience and with whom they could talk openly. Stephens and Long (1997) surveyed 1000 New Zealand police officers to study the relationship between social support and PTSD symptoms. The study also found a strong inverse correlation between PTSD symptoms and social support from peers.

Recent qualitative research exploring the experience of participants in peer support groups identifies several benefits to participation in both formal peer support groups and informal

interactions with veteran peers, including a sense of social connectedness, positive role modeling, helping the veteran navigate unfamiliar and complex civilian health care systems and that peer support is an important adjunct to professional mental health care (Jain, McLean, & Rosen, 2012).

For veterans who are reluctant to expose deficits or talk about needing help, a peer relationship oriented outside of the VA system may make it possible to initiate help-seeking behavior. The literature addressing barriers to use of services by veterans and military personnel cites a variety of barriers to accessing any services. These include concerns about the stigma associated with admitting that one has mental health needs related to difficulties with reintegration or coming to terms with their combat experiences, fear of negative career or education repercussions, and dislike of formal services that may be perceived as associated with the VA (Chapman, et al., 2014; Greden et al., 2010; Hoge et al., 2004).

Help-seeking behavior in general is sometimes hindered by beliefs that one does not need treatment, treatment won't help, a desire to solve the problem oneself, and thinking the problem will go away by itself (Sayer et al., 2010). Many veterans experience a sense of isolation and lost trust that can make it difficult to seek help (White, 2014).

Peer support programs may foster both formal and informal peer support through groups and one-to-one peer relationships. These peer support experiences play an important part in helping returning veterans connect to others and, by interacting with a trusted peer, overcome barriers to help seeking, allowing veterans to access support from sources in addition to and beyond their military peers.

While the sharing of wartime experiences, and even the bonding of veteran to veteran in a peer group, is a key first step, Scurfield (2013) writes that there is a strong initial tendency for newly returned Veterans to limit their contact to military peers in an effort to find people who understand his/her experience. Scurfield (2013) suggests that relationships with military peers are a limited

circle that may open the door to healing, but are not sufficient to help Veterans address the complex experiences and losses which are the "indelible impact of combat" and may include to varying degrees "alienation, loss, grief, anguish and for some bitterness, resentment and/or hatred" (Scurfield, 2013, p.4.) This broader understanding of the profound psycho-social challenges faced by returning soldiers to reintegrate into civilian life and create an identity beyond that of soldier and veteran requires a wider circle of relationships and healing experiences (De Groat & Crowley, 2013; Scurfield, 2006).

This suggests a role for professional clinical helping relationships, peer support as well as the need to develop a community of support to assist veterans with the ongoing transition process, which can continue for months or years.

Promoting Collaborative Relationships

These peer/professional collaborative relationships will become increasingly significant as the VA moves towards increased reliance on the Veterans Choice program, allowing veterans to seek mental health care in their communities. According to the House Veterans Affairs Subcommittee website (The Veterans' Choice and Accountability Act of 2014, 2014), \$10 billion has been authorized to allow qualifying veterans to obtain non-VA care if they meet certain criteria. Among these are: a) the veteran is a newly discharged combat veteran and/or was registered with the VA by August 1, 2014, b) the veteran lives more than 40 miles from a VA medical facility with a full-time physician on site, c) the veteran is unable to obtain an appointment within 30 days of when he/she needs to be seen, d) the veteran faces excessive geographic challenges to getting to a VA medical center, and e) the veteran has specific health care needs warranting receiving non-VA care.

Removed from the infrastructure of the VA, civilian social workers would benefit from relationships with peer mentors who can provide cultural competence, the connection and comfort that may help veterans overcome any barriers to

seeking help.

Social Work Education and Capacity Building

This phenomenon of increased use of community-based mental health settings also calls attention to the need to increase capacity and competence through social work education. This may be achieved both by integrating content about military and veterans' issues into existing courses and creating focused military social work curriculum. A recent RAND corporation study highlights the critical need for capacity building. The survey found that only 13% of 132 civilian social workers in the sample fully met the study criteria for both cultural competence and capacity to deliver evidenced based practices to a veteran population (Tanielian et al., 2014).

A Case Example of a Community Based Peer to Peer Program

In 2011 New York State began funding a program based on the potential benefits of peer-to-peer support. The PFC Joseph Dwyer Veterans' Peer Support Project (Dwyer Project), which operates independent of the VA Healthcare System, was named in honor of a Long Island veteran who lost his battle with PTSD in an untimely death. Originally proposed by then-New York State Senator Lee Zeldin, an Iraq veteran and Major in the Army Reserve, the Dwyer Project provides funding to local agencies or veterans' groups to implement a program of their choosing that uses veteran peer support as its model (Zeldin, 2014).

The Dwyer Project is based on the premise that all returning soldiers face transition issues due to the fact that they have been part of a unique military culture and have had the training and experiences related to deployment and active duty service. For veterans who are reluctant to expose deficits or talk about needing help, a peer relationship oriented outside of the VA system may make it possible to initiate help-seeking behavior.

Peer support programs, such as the Dwyer Project, foster both formal and informal peer

support through groups and one-to-one peer relationships. These peer support experiences play an important part in helping returning veterans connect to others and, by interacting with a trusted peer, overcome barriers to help seeking, allowing veterans to access support from sources in addition to and beyond their military peers.

Research has shown the value of peer relationships in helping veterans with the adjustment to civilian life. This has been demonstrated in terms of mental health symptom reduction, developing social connections, reducing barriers to other forms of help seeking, and generally acting as a "culture broker" between the veteran and the civilian world (Scurfield, 2013; Jain et al., 2012).

Peer/Professional Collaboration

Another significant aspect of peer/professional collaboration is the presence of peer mentors as adjuncts to professional clinical staff in VAs and Vet Center clinics and collaborative peer-professional relationships with non-VA civilian providers in community settings. Over the past few years trained peer specialists have become an integral part of VA treatment teams, working collaboratively with clinical staff at VA medical centers throughout the country.

In terms of non-VA peer support, efforts such as the Joseph Dwyer Veterans Peer Support Project, currently operating in 11 counties across New York State, have proven to be an incubator for innovative peer support strategies that provide social support and opportunities for frank discussions in a safe non-clinical setting, which may be the precursor to other help-seeking behaviors. The program has been so well received and successful in Suffolk County, NY, that in February 2016 Congressman Lee Zeldin, of CD 1 on Eastern Long Island, introduced a bill, HR 4513, proposing the Dwyer Project as implemented in Suffolk County as the basis for a national model of community based veterans' peer support.

The proposed legislation would authorize the Secretary of Veterans Affairs to create a grant program giving block grants of up to \$250,000 to

eligible non-profits with a history of serving veterans' mental health needs; congressionally chartered veteran service organizations; and state, local, or tribal veteran service agencies. The funds would be used to hire veterans to serve as peer mentors offering non-clinical group and individual work in community settings, provide 24/7 mental health support to veterans, and staff to support the programs (Summary: H.R.4513 — 114th Congress (2015-2016)).

This legislation could create the necessary linkages from the VA to local community-based organizations through which veterans may establish and maintain a durable supportive structure. Utilizing the strength of bonding and peer relationships, a national peer support model could be a key component and the front line of engaging veterans in help-seeking behavior. Connecting veterans to VA and properly vetted community-based organizations including peer support for the purpose of creating and sustaining long term connections is another aspect of a service delivery model which engages and supports veterans on the local level utilizing existing strengths and structures. This community engagement will likely include social workers and other providers and ideally build in opportunities from collaboration with veteran peers.

Conclusion

Practice experience and scholarly research point to the effectiveness of engaging veterans and families in peer relationships. Peers bring a unique sense of identification and can be the initial entrée into seeking further help with transition issues. Professional social workers have the capacity to provide myriad mental health and support services. By working together effectively, these collaborative efforts have the potential to form the basis for an ongoing network of support to help veterans and military families navigate the complex and nuanced process of healing the heart and transitioning to civilian life.

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