

INTRODUCTION TO THE SPECIAL ISSUE ON THERAPEUTIC RELATIONSHIPS WITH SERVICE MEMBERS, VETERANS, AND THEIR FAMILIES

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I am pleased to present to you this special issue, focusing on therapeutic relationships with military service members, veterans, and their families. Like many of the authors in this issue, I served as a clinical social worker with a combat stress unit in Iraq. And, like many of my fellow veterans, I have been involved in finding ways to help and support other veterans and their families. For me, it has meant advocacy, education, and training. Most readers of this issue, I am sure, are aware that there is no easy answer or quick fix for PTSD, TBI, and the other invisible wounds of war, including chronic depression, ensuing self-medication, over-reliance on pain and sleep medications, and military sexual trauma. After many years of clinical trials, we now have a handful of evidence-based interventions and promising practices to treat these conditions. But they are not easy, don't always work, and sadly, are not readily available to the thousands of service members, veterans, and family members who need them.

As a researcher, I know that when the randomized clinical trials are over, leaving us with some answers but just as many unknowns and questions, it is time to return to the more qualitative approaches; time to listen once more to what we can glean from our collective practice wisdom. And this was my motivation for deciding to organize this special issue. I also wanted to gather some of the stories from fellow veterans as well as from practitioners who, through their professional counseling, give the best that is in them to those who have served, and to the military families who also make tremendous sacrifices.

This issue has been organized into three broad groupings: narratives written by combat veterans (of which there is one stellar contribution), those about working with service members in combat arenas, and narratives which focus on working with military service populations and their families in the VA and statewide settings.

By reading these vivid and engaging narratives, readers can glean several insightful nuggets on establishing therapeutic helping relationships with service members, veterans, and their families. Overall, readers will have a good exposure to a range of experiences, thoughts, and honest emotions of the active-duty service member, veterans, and their families.

Most of the contributors to this special issue are veterans, who deployed overseas to combat, or hostile fire areas, including Iraq, Vietnam, Afghanistan, and Somalia. The issue includes seven accounts from veterans who served with combat stress units; Adams, DeCoster, Dixon, Lewandowski, Nedegaard, and Yarvis deployed as social workers, and Convoy served as a mental health psychiatric nurse. As ones who retired from active duty, both Nedegaard and Dixon take the long view, and share a bit of their retrospective on lessons learned from their careers as military social workers.

In working with military populations, especially during times of combat, social workers and other helping professionals are certainly at risk for secondary trauma. When deployed, helpers themselves are vulnerable to the same stressors and, like other soldiers and service members, must figure out a way to cope with them. At the same time, they must cope with what service members are telling them when they seek services from a combat stress service provider. By reading these narratives, especially the narratives of those who served with combat stress units, readers may gain an increased understanding of secondary trauma among those who work with military populations, and how it may be an inevitable occupational hazard if the job is done well.

Foci of the Issue

The narratives touch upon PTSD, TBI, and military sexual trauma (MST). Most reflect on the impact of

being deployed on veterans, service members, and their families. Adams and Convoy reflect on their brief interventions with service members who experienced MST. Lewandowski, Pitetti, and Yarvis reflect on how deployments affect marriages and intimate relationships, while Coccoma also reflects on how deployments and the military lifestyle affect military children. Both Lewandowski and Yarvis touch upon the subject of fidelity during deployment. Through these narratives, one can come to understand that there is no one-size-fits-all strategy. Like relationships, each couple must figure out for themselves what works best for them.

As a Vietnam veteran, Pitetti's narrative stands out, as he reflects on his war injuries, both physical and psychological, and his remarkable journey of healing and reconciliation. Through it all, it was the steadfast support of his wife, and the longing, perhaps unexpressed, to re-join his fellow vets that sustained him and made all the difference. This narrative, as well as those of Yarvis, Lewandowski, and Coccoma, shed light on the crucial role of spouses and significant others in sustaining service members in deployment and contributing to their re-integration and healing. However, Pitetti's narrative most aptly illustrates the power of the camaraderie of fellow vets in healing, even in successive decades after their tour of duty is complete.

Brockway and colleagues, Adams, Dixon, Lewandowski, and Nedegaard talk most pointedly about lessons learned on establishing therapeutic relationships with service members and veterans. Nedegaard and Yarvis openly share their personal journeys of coping with their own post-deployment concerns, role-modeling the principal of helpers helping themselves, by seeking professional help and/or self-reflection.

Barnett, Coccoma, Brockway, and colleagues describe their experiences as civilians working and interacting with service members, veterans, and their families. These narratives demonstrate that civilians who are not veterans can establish positive therapeutic relationships with veterans, using similar skills that would be effective in establishing rapport with other client populations. Barnett's narrative describes the challenges service members face as they seek to participate in a wellness program (weight loss), while keeping up with their

duties as an active-duty service member. Coccoma shares her experiences, observing and interacting briefly with military families who were in transit, and what she learned about the stresses and resilience of military families. Brockway and colleagues provide several vignettes of veterans with TBI who received counseling services via telehealth through a VA special project.

Individual Contributors

Pitetti is a combat veteran who served as a platoon leader with the 101st Airborne Division in Vietnam. His story of trauma, reconciliation, and healing is most touching. It has been many years since the Vietnam conflict ended – yet veterans from this conflict, as well as from earlier conflicts, continue to struggle with PTSD and adjustment to the home front. Only now are some of them coming forward and seeking help, some because of the attention now given to the current crop of combat veterans who served in Iraq and Afghanistan. While professional counseling is almost always helpful, Pitetti's story illustrates the importance of family, the huge role a spouse can play in supporting the healing process of their veteran spouse, and the value of bonding with fellow veterans.

Dixon provides an excellent narrative on the nature of personal and professional growth over the scope of a career. Within this, he provides illustrations of working with service members, and reflects on what he learned about how to establish a therapeutic alliance. Dixon shares his thoughts on military culture, competence, and the process of developing a therapeutic relationship with an active-duty service member that are most excellent and spot on. Sometimes practitioners, especially neophytes, feel intimidated and a little unsure of themselves when seeking to establish that all-important therapeutic relationship. In his narrative, Dixon breaks it down in a way that is simple yet profound. In so doing, he stresses the importance of seeing the person before you as an individual – beyond the uniform. His description of professional growth that comes through the learning process can be applied to work with all clients.

Yarvis' narrative is a highly personal account of how a deployment and combat stressors impacted him and his relationships with family members. From a clinical perspective, Yarvis describes the concept of

sub-threshold PTSD, identifying it as an important condition to be recognized and addressed in practice. Regarding the impact of military service and deployments into combat zones on relationships, Yarvis writes frankly about sexuality and the dimension of intimate relationships between partners, and how military service and deployments can affect this most personal dimension of the self and a marriage.

Adams talks about his service as a Navy social worker, deployed with a combat stress unit in Afghanistan. The title of his narrative aptly describes how he and other members of his combat stress team established credibility by experiencing the same threats and discomforts of the soldiers they were supporting. Regarding MST, Adams' narrative touches upon some issues that arose in counseling a male soldier, who shared that he had been a victim of MST, highlighting that anyone can be victimized – MST is not solely a women's issue.

I happen to be the only female veteran deployed to a combat zone who contributed to this special issue. I drew upon mythology and music to reflect on my experiences and the experiences and stories of those soldiers I knew and counseled. Reading and listening to music were two important coping strategies for me during my deployment, so it seemed fitting that I wove mythology and music into my narrative. The lyrics I include relate to the situations I describe, and, in most cases, were songs that I, and likely other soldiers listened to as well. Love, conflict, and death seemed to be ever-present, if not right there, but always hovering around the edges of whatever was happening.

Nedegaard speaks most directly about his experiences and how he sought therapy for himself. More than any of the other narratives, he shares his own thoughts about how stigma, or the perception of stigma, affected his help-seeking and self-perception, as well as how it is perceived by other soldiers. Intellectually, he knew it was acceptable for a helper to seek help. Emotionally, he too was vulnerable to the struggle faced by any service member or veteran who feels they aren't doing what needs to be done. Otherwise, he would not have sought counseling. Lest readers be concerned, he found that counseling did help him to navigate the shoals of post-deployment reintegration. He is alive

and well, and willing to share his story with us.

Convoy's narrative is brief, yet also quite powerful. And it is its brevity that in fact contributes to the impact his narrative may have on readers. He reflects on his brief contacts with a female soldier who told him about an incident with MST that occurred while she was deployed in Iraq. Those service members, who must cope with regular stressors of serving in a combat zone, must also cope with this trauma, and the devastation of perceived betrayal by a fellow service member in arms. Thanks to the courage of many service members and veterans who have come forward to tell their story, we are now more painfully aware of the issue of MST. Though he heard this story as an active-duty nurse, all helping professionals need to be aware that they can confront MST among any service member or veteran they serve, in any setting.

DeCoster, also a clinical social worker who deployed with a combat stress unit, describes his experiences as an academic, moved by patriotism, to sign up for the military. He was deployed soon after receiving a direct commission. He provides a good description of the pre-deployment training that occurs at the "mob" or mobilization site. He draws keen comparisons between the behavior, hopes, and dreams of traditional-aged college students of modest means, with those of the soldiers deployed at his camp who were served by his combat stress unit. To borrow from a most excellent documentary, this is who soldiers are, and where soldiers come from.

Brockway and colleagues describe some of their clinical work in a VA setting, through a special project on tele-health. While some may debate whether one can establish a viable therapeutic relationship over the telephone or the internet, Brockway and colleagues aptly illustrate that yes, tele-health can be just as therapeutic as face-to-face encounters. In fact, when reading this narrative, I couldn't help but speculate whether tele-health might have been even more effective for these veterans than an office visit. Perhaps it was difficult for them to get to the office; and perhaps they feared a face-to-face visit would be too intense. The telephone or internet, on the other hand, provides access and maybe something of a filter or safety net. I can imagine how a veteran might think, well, if I

don't like it, I can always hang up – a lot easier than walking out of an office. Through this narrative, readers will come to appreciate the strengths and limitations of tele-health, and how communication issues and challenges of establishing the therapeutic relationships can be the same, regardless of the mode of communication.

Coccoma describes her experiences observing and interacting with service members, spouses, and young children, as they were traveling on Space A military flights. While other narratives describe the importance of the spouses, this narrative is the only one touching upon the unique needs of the military child. The insights she gleans and shares with us from these brief encounters are touching and illuminating. Readers will get a good sense of what it's like to travel Space A, and gain a deeper appreciation and understanding of the strengths, needs, and vulnerabilities of military spouses and children. Coccoma does a great job of linking the theory of the deployment cycle with her interactions and observations of these soldiers and families during an emotional and vulnerable time.

Barnett's narrative describes another facet of military life: the mandate for all service members to maintain standards for fitness and weight. Service members who exceed weight standards are often referred to special programs such as the one where she did her internship. By reading this narrative, one wonders how service members can focus on losing weight while maintaining their rigorous and demanding schedule for training and fulfilling their military duties. Taking care of one's health, while also giving one's all to Uncle Sam can indeed be challenging. And let us not forget taking time for one's family! Finally, Barnett's narrative is also a good example of process recording. Journal readers may remember that there was a call from the journal's editor, for more process recordings.

In Closing

I want to thank those who reviewed manuscripts for this special issue, and the students and staff who labored behind the scenes in formatting and copyediting the manuscripts. I especially want to thank Steven “Leo” Leopold for his tireless work on making this issue happen. In addition to doing the majority of the copyediting and formatting, he provided me with helpful suggestions along the way

on how to bring this issue together as a cohesive whole. By working with him, I also learned some of the finer points of publishing a journal. He is a veteran who returned to school for his MSW and was recently hired by the Louis Stokes Cleveland VA Medical Center, in Cleveland, Ohio, to work with veterans who are homeless or at-risk. This makes him especially qualified to work on this special issue.

I also want to express my appreciation to Robin Richesson, who created the original artwork for the cover. Most importantly, we should all express our deep appreciation and gratitude to the authors who opened their minds, hearts, and for some, even their souls, so that we might come to a deeper understanding of what it takes to establish therapeutic relationships with service members, veterans, and their families. After reading these contributions, I invite you to share your thoughts and reflections on these narratives with the journal by emailing them to: reflections@csuohio.edu. Reflections editors will include some of these letters in subsequent issues. Based on the importance of the topic and the level of response from both readers and potential contributors, the *Reflections* editorial staff members plan to include more narratives on working with military populations in future issues.

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