



HELPING VICTIMS OF MILITARY SEXUAL TRAUMA HEAL



Military Sexual Trauma (MST) is defined as “psychological trauma, which... resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the veteran was serving on active duty or active duty for training.” (United States Code, Title 38, Section 1720D). A recent compilation of 69 studies of male and female veterans and service members found that approximately 14% have experienced sexual assault and 31% experienced sexual harassment while serving (Wilson, 2018). Although women are disproportionately impacted by these experiences, as many men as women have experienced MST given that men make up the majority of military personnel.

Not surprisingly, MST has been linked to a range of negative physical health outcomes as well as long-term psychological difficulties such as Post-traumatic stress disorder (PTSD) and depression. MST survivors often contend with several additional risk factors that may increase the severity and complexity

of mental health disorders such as PTSD. For example, they have high rates of childhood trauma such as sexual abuse and are at high risk for sexual revictimization after their military experiences (Bostock & Daley, 2007). Additionally, many survivors report feelings of betrayal if they experienced inadequate support from

Treatment-seeking MST survivors are often coping with exposure to multiple traumatic experiences and feelings of betrayal.

the military system or retaliation from their unit or command when reporting. Finally, perhaps in part due to the high sense of personal responsibility that is characteristic of those who serve,

high rates of self-blame for traumatic experiences are found in MST survivors (Carroll et al., 2017).

Fortunately, evidence-based treatments such as Cognitive Processing Therapy (CPT) are found to be very helpful to MST survivors, even those with multiple experiences of interpersonal trauma (Tirone et al, 2020). Intensive, two- to three-week treatment programs such as those offered within the Warrior Care Network are effective for survivors of MST

continued on page 2 ►

MIKE'S MESSAGE

Mike Richardson



Given the impacts of COVID-19, to say that the last few months have been a paradigm shift would be a gross understatement. That being said, the way we all pivoted from face-to-face treatment to virtual programming speaks volumes to the innovative spirit that our Warrior Care Network® embodies. Last summer, we had already been exploring the expansion of mental telehealth with our growing partnership with eHome and were well postured when we exponentially increased access to this impactful treatment opportunity given the COVID challenges.

While the near and midterm future may remain a bit uncertain, I am extremely confident that the lessons learned over the last 3+ months will improve the delivery of mental health care to our warriors and their families. The creative and innovative initiatives involving virtual intensive outpatient programming, outreach, follow-up, etc., across the country will force us to approach our “new normal” with open minds at what may be possible in the future. Wounded Warrior Project and each of our Warrior Care Network partners are diligently working to

continued on page 2 ►



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MIKE'S MESSAGE*continued from page 1*

return to in-person treatment, while we continue to provide virtual care for warriors and their families.

As we end the second year of our current five-year journey, we have a lot to celebrate and a lot to look forward to. In particular, it was an honor that our Warrior Care Network was recognized this past April with the 2020 American Psychiatric Association's Gold Service Award. Congratulations to our Warrior Care Network. It is so well deserved. Our work this summer with Guidehouse will begin to pave the way for long-term sustainability and growth, which looks exceptionally promising and exceedingly exciting. Our Warrior Care Network continues to save lives and innovate the landscape of veteran mental and brain healthcare.



Mike Richardson
vice president of independence
services and mental health
Wounded Warrior Project

HELPING VICTIMS*continued from page 1*

in reducing PTSD and depression symptoms (Zalta et al., 2018). Recent research suggests that these intensive treatment programs are particularly helpful to MST survivors when they integrate tailored coaching of present-focused coping skills for managing intense distress and improving communication and relational health (Lofgreen et al., 2020). It is also essential that those working with survivors as clinicians or other frontline staff receive training on the unique experiences of MST survivors. Training on providing emotional validation to the survivor and applying principles of trauma-informed care such as safety, trust, choice, and cultural competence are particularly important.

In summary, treatment-seeking MST survivors are often coping with exposure to multiple traumatic experiences and feelings of betrayal. These cumulative stressors can have a detrimental impact on survivors' ability to cope and may have a widespread impact on important areas of life – including family, education, and career. Fortunately, effective treatments exist for survivors who are deserving of the very best evidence-based care, tailored to their specific needs.

AROUND THE NETWORK

★ LOS ANGELES

UCLA UPDATE**Battle Buddies Overcome New Barriers**

Wounded Warrior Rana Moore with her husband and caregiver Walter.

Walter Moore didn't think UCLA Operation Mend's Intensive Treatment program for veterans and their caregivers would be a good fit for him and his wife, Rana, who was seeking treatment for PTSD from combat trauma. His primary objection was that the other five caregivers in their cohort of six couples would be female, and as a combat veteran himself, he wasn't sure he'd be able to relate to the other caregivers.

Walter and Rana were battle buddies, deployed to Iraq in 2006, and were caught together in a firefight on base with insurgents. They became lifetime buddies when they married in December 2007, starting their family in 2008. Walter had two more deployments to Iraq after that, missing the birth of their first son. Before attending the three-week program at UCLA, Walter felt like everything was breaking down. Rana would be emotionally fine, then all of a sudden, her emotions would erupt. When they'd be out together, "she went from 'I'm fine' to 'We've got to get out of here!'" Walter didn't know what to do or how to make sense of it. But it was disrupting their lives and making going out impossible.

What he found when he got to UCLA

Operation Mend's Intensive Treatment Program, where caregivers are 100% participants in all sessions alongside their veterans, was that he and the other caregivers were having the "same issues, same problems, didn't matter male or female. The commonality was more of a comforting thing. Everybody was just open...It was eye-opening that we are not alone." Both Walter and Rana were given the skills to manage the symptoms of PTSD: communication, emotion regulation, how to engage in community and family events instead of isolating or avoiding interactions. The key was learning skills together.

Walter says after completing the program, they're able to do a lot more as a family. "She (Rana) has her cues that we've established...I know when she's feeling a bit anxious and I'm there as her in-between...she can work through it and she can calm down and we can continue what we're doing." Walter feels he and Rana are definitely more resilient after completing Operation Mend's program. Between their day-to-day life with their children and Walter's job as a first responder, their family is finally thriving.

AROUND THE NETWORK

★ ATLANTA

EMORY EVENTS


EMORY
HEALTHCARE

Veterans Program

How Emory's Veterans Program Serves Women Warriors



Emory Healthcare Veterans Program (EHVP) Social Work Team.

Women are the fastest-growing population in the military; however, they are also the most underserved population when it comes to mental health care. Issues such as a lack of women's health services and therapists who understand the experience women have in the service are barriers to receiving the mental health care services women deserve.

Challenges at home also contribute to problems accessing treatment. Women are often the primary caregivers of the household and are reluctant to leave home, feeling guilty if they are away too long. Women face financial and housing burdens and often struggle to find stable childcare while they are at work or in school. Because of these challenges, women may postpone or not seek treatment at all.

The team at the Emory Healthcare Veterans Program (EHVP) recognizes this gap in access to care, and they are committed to reaching this underserved population. The EHVP have evidence of how effective the two-week intensive outpatient program is; however, it is difficult for women to spend two weeks away from work and their families. The

care team works closely with women warriors throughout the process of becoming a patient by helping to address barriers to treatment such as childcare, financial assistance, and modified program schedules.

"I had a patient, a woman with young children, who did not have any friends or family who could keep her children while she participated in the Intensive Outpatient Program (IOP). We partnered with SALUTE to financially assist her with childcare during the day so she could attend the IOP and drive home in the evenings. This is unusual, as almost all our patients are required to stay across the street at the hotel for the entire

two weeks, but it was just not possible for this woman to do that. So we made an exception for her and she did beautifully in our program," shared Lindy Carbone, EHVP's lead social worker.

Reports show that women will continue to be the fastest-growing population in the military community. EHVP is dedicated to continuing to serve our women warriors' needs by developing world-class care for their invisible wounds and eliminating barriers to treatment.

"Our care team works closely with women warriors throughout the process of becoming a patient by helping to address barriers to treatment such as childcare, financial assistance, and modified program schedules."



★ Innovative Video Counseling Partner Provides Warriors with Convenient, Confidential PTSD Treatment.

After her service in Afghanistan, Angel* suffered from PTSD and MST, and was searching for treatment. Unfortunately, she lived in a rural area and was not willing to drive more than five miles from her home.

Wounded Warrior Project (WWP) has partnered with eHome Military to provide mental health counseling to any warrior, anywhere. eHome sessions are delivered face-to-face by video with 'licensed and specially certified' counselors on a smartphone, tablet, or computer. There is no need to travel to a counselor's office—you can have your sessions at home, work, or wherever you are most comfortable. Warriors are matched with counselors who meet their needs and conditions. For Angel, eHome provided a female counselor specializing in PTSD and MST, and she was able to have all her sessions without leaving home.

In addition to video counseling sessions, eHome provides other innovative technology, including online assessments, an artificial intelligence app

eHome Military

for 24/7 support, and online educational resources. eHome uses the M3 assessment, a short

online questionnaire, to quantitatively measure mental health conditions, including depression, anxiety, and PTSD. Warriors are reassessed as they advance in treatment and can see their progress.

eHome Military is led by a veteran, Brad Rex, a Naval Academy graduate and former nuclear submarine officer. Rex states, "Through technology, we can provide confidential, accessible, convenient, and effective treatment to our veterans anywhere in the country. There are no longer any barriers for any warrior to beat PTSD and other mental health conditions and be restored to mission readiness."

The eHome program is used on a stand-alone basis, or in combination with Warrior Care Network's four academic medical centers (AMCs) for pre- and post-AMC treatment. As one warrior stated, "I was very close to slipping back into self-destruction had

it not been for the services they provide. A lot of follow-up interest and the opportunity to do the counseling sessions from eHome Military have absolutely helped me in my recovery effort."

Mike Richardson says, "Our vision is to bring the most innovative and effective treatment options to our warriors, in the most accessible way. eHome Military is part of that vision, and I'm thrilled to welcome it to the Warrior Care Network."

AROUND THE NETWORK

★ BOSTON

MASS GENERAL NEWS



Breaking the Glass Ceiling for TBI Care in Female Veterans

Nearly two million people are diagnosed with a Traumatic brain injury (TBI) each year, and it is one of the most common injuries sustained in the military. While the majority of mild TBIs in active military and veteran populations detail the psychological, neurological, and functional outcomes of males, the rate of concussion reporting in female veterans is staggering.

It's a reality Capt. Beneka Bali knows all too well. As a female veteran it took her nearly two decades to come to terms with an injury dominated by a "male narrative" before she sought the appropriate care at Home Base.

But her story doesn't begin there.

In 2000, Bali made history by becoming one of the first Indian woman to attend the U.S. Military Academy at West Point as a full-fledged lieutenant. She has always been courageous and taken new challenges with great enthusiasm, attributing her achievements to her parents and the three virtues passed on to her at West Point: duty, honor, country.

Upon her graduation, Bali was assigned to U.S. Army Corps of Engineers at Fort Bragg, NC, in peacetime, but shortly thereafter, 9/11 happened. "War was the backdrop of the rest of my entire military career," she says.

As a paratrooper in the 20th Engineering Brigade, Bali received a TBI during a paratroop jump. With resilience borne of her determination to work through her injury, she went to Walter Reed Army Medical Center and fought successfully to save her



military career and airborne jump status.

For years thereafter, Bali struggled with complications from her TBI, and fought with the stigma and struggles of not only being an Indian American in the force, but a female.

"Not a lot of veterans look like me. So, I've had to deal with a lot of biases due to my gender, stature."

Mary Alexis Iaccarino, MD, is the director of Clinical TBI and Brain Health Services at Home Base and the concussion specialist for the Mass General Hospital Women's Sports Medicine Clinic. In her work at Home Base, she is dedicated to developing comprehensive

★★★★★★★★
"More than anything, Home Base showed me that I mattered - that my life mattered - and that is what every veteran deserves to hear in his or her life."

- Beneka Bali

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TBI programs that don't only tackle TBI, but address all the issues a warrior may be facing.

"Like professional sports teams, the military is beginning to understand that a TBI is more serious than a bump on the head," she explains. "Every brain injury is different. This is among the most complicated diseases in the most complicated organ; therefore, it is necessary to look at the whole person in order to refine the diagnosis and treat the brain injury."

As a National Center of Excellence, Home Base's TBI Program is anchored in the expertise of its faculty from Mass General Hospital, Spaulding Rehabilitation Center, and Harvard Medical School and a decade of clinical care delivered to both combat veterans and former NFL players affected by brain injury.

"We've invested and have extraordinary resources from a brain injury treatment and research perspective," notes Iaccarino, when asked about the integration between Spaulding and Home Base. "Because of this, Home Base has been able to accelerate knowledge and provide ground breaking and innovative approaches to change the lives of veterans like Bali."

Bali participated in Home Base's two-week Intensive Clinical Program (ICP) for TBI, during which she received nearly a year's worth of therapy in two weeks' time; basic food, lodging, and transportation expenses were provided to her and one accompanying family member - at no cost.

During her time at Home Base, Bali met with specialists in brain injury medicine, neuropsychology, clinical psychology, psychiatry, neuroendocrinology, sports medicine, and musculoskeletal and vestibular physical therapy.

For decades, Bali has always put mission and service first. For the first time, her health took center stage.

"I am a veteran who has suffered from an invisible wound, and I never thought my life would improve. Because of Home Base, I have a renewed commitment to life. I am in therapy. My memory is improving. My symptoms of TBI are manageable. More than anything, Home Base showed me that I mattered - that my life mattered - and that is what every veteran deserves to hear in his or her life."

Sometimes the most painful injuries are not physical. Working with veterans and their families makes us acutely aware of the statistics related to veteran suicide and how it affects the population we work with daily. Being able to recognize the signs is important.

Contacting the right support is crucial.



ARE YOU A VETERAN IN CRISIS OR CONCERNED ABOUT ONE? Connect with the Veterans Crisis Line to reach caring, qualified responders with the Department of Veterans Affairs.

★ WCN ON THE HILL ★



Advocating For All Veterans

The Second Session of the 116th Congress began on January 7 and is anticipated to run on an expedited schedule before Americans head to the polls on November 3 to vote on all House seats, one-third of the Senate, and president of the United States.

The House and Senate Committees on Veterans' Affairs remain focused on mental health and efforts to reduce veteran suicide. They are considering bills that include the Improve Well-Being for Veterans Act and the Commander John Scott Hannon Veterans Mental Health Care Improvement Act. These acts will expand the VA's

ability to partner with community-based organization that provide support services to veterans.

WWP Chief Executive Officer Lt. Gen. (Ret.) Mike Linnington testified in support of these initiatives on February 26 and highlighted the "growing demand for a 360-degree model of care and support focused on connection, independence, and mental, physical, and financial wellness." Additionally, the PREVENTS Task Force (the President's Road map to Empower Veterans and End the National Tragedy of Suicide) presented a broad, national suicide prevention strategy to President Trump

in late March 2020. The plan incorporates elements of partnership, research, and public awareness in a road map to align public and private stakeholders at the federal, state, and local levels.

The first months of 2020 have also featured growing anticipation for the expansion of the Program of Comprehensive Assistance for Family Caregivers to pre-9/11 veterans. After the VA MISSION Act ordered expansion of the program by fall 2020, technological delays and staffing needs have pushed the timetable for implementation back to June 2020. About 20,000 veterans were participating in the VA program in 2019. Officials have estimated the expansion could grant monthly stipends to more than 41,000 new veteran families in coming years. As the expansion approaches, advocates including WWP have called for passage of the Care for the Veteran Caregiver Act of 2020 to address current program shortcomings.

The remainder of the 116th Congress is also likely to include continued focus on the needs of women veterans. As Congressional efforts are being led by the bipartisan Women Veterans Task Force chaired by Congresswoman Julia Brownley (D-CA-26), private organizations including WWP have made women veteran issues a top priority. Over the remainder of 2020, advocates hope to pass meaningful policies to improve access to care, military transition assistance, and MST programs and services.

HOME OF THE FREE
BECAUSE OF THE BRAVE.
**OUR THANKS TO THE
VETERANS WHO FIGHT
AND PRESERVE OUR
INDEPENDENCE.**

