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A Parametric Description of Modern Military Culture for Civilian Mental Health Practitioners to Better Serve Those Who Serve

RuthAnn R. Lester

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RuthAnn R. Lester, MA
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APPROVED: _____
Fernand Lubuguin, Ph.D., Chair

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Ragnar Storaasli, Ph.D.

_____
Marguerite McCormack, M.A.

Abstract

Many mental health practitioners will have therapeutic encounters with veterans at one point or another during the course of their training or career. To meet the therapeutic needs of those who have served or are serving our country through combat or non-combat military service, it is essential that these practitioners are able to provide effective interventions for this population. Effective treatment entails culturally competent care, however, few resources are available to help civilian mental health practitioners become educated about military culture and translate that cultural competence into efficacious treatment. Therefore, the purpose of this paper is to respond to the need for civilian mental health practitioners to be able to deliver culturally competent care to a modern military population. Specifically, the Descriptive Psychology methodology of generating a parametric description of military culture with be utilized and applied to Sue & Sue's (2008) guidelines for multicultural counseling competency.

Many mental health practitioners will have therapeutic encounters with veterans at one point or another during the course of their training or career. Over the last few decades, the Veteran's Administration (VA) has been one of the nation's largest trainers of psychologists (Strom, et al., 2012), primarily because of the US government mandate to increase mental health services provided by VA centers across the country. Also, many mental health practitioners in training will work with this population during at least some portion of their practicum experience. Additionally, some veterans receive mental health care at non-VA settings, for reasons related to practicality, accessibility, and reduced stigma (Shen, Hendricks, Zhang, & Kazis, 2003). With so many mental health practitioners endeavoring to meet the therapeutic needs of those who have served or are serving our country through combat or non-combat military service, it is essential that these practitioners are able to provide effective interventions for this population.

A cornerstone of efficacious therapeutic intervention is that practitioners have the relevant training, experience, supervision, and/or consultation for the population they treat, as specified by the American Psychological Association's (APA) Ethical Principles of Psychologists and Code of Conduct (APA, 2002). Furthermore, over the last several decades the mental health profession has increasingly recognized that efficacious treatment is inextricably interrelated with the delivery of culturally competent care (Sue, 2006). In other words, to serve a population well, it is imperative to deliver culturally competent care. Culturally competent care is commonly understood in terms of the framework provided by Sue & Sue (2008) and adopted by the APA (2003) in the form of the multicultural guidelines for the mental health profession. These guidelines focus on the importance of a practitioner's awareness, knowledge, and skills in regard to

whichever ethnic, racial, and/or cultural population with whom the practitioner is working.

In this movement to be more respectful and responsive to the diversity of persons seeking or receiving mental health treatment, the emphasis of cultural competence has historically been primarily about ethnic and racial minorities. Yet, the military can be regarded as having its own particular culture, involving distinct language, norms, values and beliefs, among other cultural elements (Reger, Etherage, Reger, & Grahm, 2008). Although generally veterans are not a homogenous group of persons—they vary in many regards from geographic location, to cohort differences, to SES, to ethnic and racial identity, and so on—there are general cultural characteristics that provide enough coherence to regard veterans as a distinctive subgroup (Strom et al., 2012).

Reger et al. (2008) suggested that the best way for a civilian to understand military culture is to join the military and learn directly. Although this may be true, it is not actually a realistic option for many, if not most, mental health practitioners who want to be able to serve those who serve. In fact, most psychologists and therapists in training have no direct military experience (Strom et al., 2012). Therefore, their civilian status and lack of awareness, knowledge, and skills related to military culture can greatly limit their ability to provide quality mental health services. Furthermore, few resources are available to help civilian mental health practitioners become educated about military culture and translate that cultural competence into efficacious treatment: "A need exists within the psychological training and supervision literature for materials that outline how to work effectively with veterans" (Strom et al., 2012, p. 68). As such, Strom et al.

(2012) championed the goal to "raise awareness of the need for education on the unique cultural aspects associated with veteran populations" (p. 68).

Accordingly, my purpose for this paper is to respond to the need for civilian mental health practitioners to be able to deliver culturally competent care to a modern military population. Specifically, the Descriptive Psychology methodology of generating a parametric description of military culture will be utilized in order to better understand this population, and thereby better able to provide more efficacious treatment, as indicated by Sue & Sue's (2008) guidelines for multicultural counseling competency. Prior to explaining the relevant Descriptive Psychology concepts, (such as parametric analysis) and applying those concepts, central general concepts and terms will be clarified first.

Central Concepts and Terms

For the purpose of this paper, "veteran" refers to those who are not currently on active duty, but have previously served our country through active duty combat or non-combat military service (U.S. Census Bureau, 2003). "Active duty" means "continuous duty on a daily basis, comparable to the civil term 'full-time employment'" (Exum, Coll, & Weiss, 2011, p. 120). Of importance, there are five military branches collectively known as the Armed Forces: (a) Air Force, (b) Army, (c) Coast Guard, (d) Marine Corps, and (e) Navy. Each has active as well as reserve components, and the Air Force and the Army also have National Guard components (Department of Veteran Affairs, 2004). Reserve components are "comprised of individuals who are not presently on full-time active duty but who may be called to active duty if needed," whereas active components comprise

those who are on full time active duty (Exum, Coll, & Weiss, 2011, p. 134). The National Guard is part of the Reserves forces, but also maintains a dual state-federal force per Article One of the U. S. Constitution, which allows the Guard to mobilize for domestic/state purposes such as natural disasters, state emergencies, and civil unrest (Hall, 2008).

Also, this paper will focus on veterans of "modern military conflicts." Military service men and women can be deployed as a result of declarations of war, as well as authorizations of the use of military force. The latter may entail the use of "special operations," which Exum, Coll, and Weiss (2011) described as involving "special preemptive responses to 'low-visibility' or 'low intensity warfare'" (p. 28). In other words, Tugwell and Charters (as cited in Exum, Coll, & Weiss, 2011) explained that special operations are "defined as small-scale, clandestine, covert or overt operations of an unorthodox and frequently high-risk nature undertaken to achieve significant political or military objectives in support of foreign policy" (p. 28). According to a Congressional Research Service report,

> From the Washington Administration to the present, Congress and the President have enacted 11 separate formal declarations of war against foreign nations in five different wars. Each declaration has been preceded by a presidential request either in writing or in person before a joint session of Congress. The reasons cited in justification for the requests have included armed attacks on United States territory or its citizens and threats to United States rights or interests as a sovereign nation. Congress and the President have also enacted authorizations for the use of force rather than formal declarations of war. Such measures have generally authorized the

use of force against either a named country or unnamed hostile nations in a given region. (Elsea & Weed, 2013, pp. 2)

For the purposes of this study, "modern conflicts" refer to the following periods of war: (a) conflicts in Lebanon 1982 – 1983, (b) Grenada 1983, (c) Persian Gulf War, and (d) the current conflicts in Afghanistan and Iraq, which include Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) (Torreon, 2012). Furthermore, "modern conflicts" also refer to the following authorizations of the use of military force: (a) Multinational Force in Lebanon in 1983, (b) Authorization of the Use of U. S. Armed Forces Pursuant to the U. N. Security Council Resolution 678 with Respect to Iraq in 1991, (c) Authorization of the Use of U. S. Armed Forces Against Those Responsible for the Recent Attacks Launched Against the United States in 2001, and (d) Authorization of the Use of Force Against Iraq Resolution of 2002 (Elsea & Weed, 2013).

Finally, the term "mental health practitioners" or simply "practitioners" will be used to denote all people trained in counseling, social work, or clinical psychology at the Masters or Doctorate levels who are pre or post licensure (i.e., student level or professional level therapists, respectively), and who deliver therapeutic services to a veteran population. As the scope of this exposition is intended to address educating *civilian* practitioners working with veterans of *modern* or *current* military conflict experiences, both these groups are also hereafter simply referred to as *practitioners* and *veterans*.

Using Descriptive Psychology as a Way to Understand Culture

Next, it is helpful to state the rationale for selecting the Descriptive Psychology approach as a means of promoting culturally competent therapy for this population. One of Descriptive Psychology's comprehensive writings, *The Behavior of Persons*, which was written by its founder Peter Ossorio (2006), includes a preface by Anthony Putman, who wrote the following:

> Descriptive Psychology is an intellectual discipline, and a community of practitioners of that discipline. The discipline consists of a rigorous approach (1) to articulate the conceptual framework within which persons, behavior, language, communities and the real world can be described and understood, (2) to using that framework to in fact describe and understand, and (3) to using such descriptions and understanding to increase effectiveness in dealing within these realms. (Ossorio, 2006, pp. ix)

One way to better understand a culture is by using a Descriptive Psychology conceptual device known as a *parametric analysis*. Conducting a parametric analysis of culture helps better understand the whole by specifying and articulating its parts. In this case, to better understand modern military culture specifically, it is useful to identify what components comprise a culture in general, as well as the specific distinguishing characteristics of the way of living of veterans in particular. By doing so, it becomes possible to better specify how to be culturally sensitive to this particular population.

Parametric Analysis

Ossorio (2006) described a parametric analysis as "a notational device type for introducing or identifying a conceptual domain, or range of cases" (p. 35). More

specifically, a parametric analysis is a conceptual device that can be used for distinguishing one phenomenon from another, and for distinguishing among different cases of a particular phenomenon. To use this device to distinguish one phenomenon from another, one begins by specifying the unique set of parameters or aspects of that particular phenomenon. These parameters are the "parts" of the "whole" of a given phenomenon. Different phenomena can have some of the same parameters, but the particular set of parameters is unique for each phenomenon. As such, all instances of a given phenomenon will have the same unique set of parameters. (An example will be provided below to illustrate this concept.)

When differentiating individual examples of a particular phenomenon, the characteristics of each parameter will vary to some significant degree. It is this variation that accounts for the differences among the instances of a particular phenomenon. "Thus, one picks out the cases more or less uniquely within the domain by specifying, more or less uniquely, the values for each parameter. Correspondingly, one picks out kinds of cases by giving partial, imprecise or incomplete specifications of parametric values" (Ossorio, 2006, p. 35).

> As a complementary description, according to Lubuguin (2010),
>
> essentially, a parametric analysis is a conceptual device for distinguishing one phenomenon from another, and distinguishing different instances of the same phenomenon. A parametric analysis specifies the unique set of parameters of a given phenomenon. By specifying the unique set of parameters of a phenomenon, one distinguishes that phenomenon from other distinct phenomenon. In turn, by

> ascribing particular characteristics to each of the parameters, one distinguishes different instances of the same phenomenon. (p. 49)

A classic and simple example of a parametric analysis is as follows: <Color> = <Brightness, Hue, Saturation>. Brightness, hue, and saturation are all parameters of the domain and phenomenon of color. Brightness can vary from light to dark, hue can vary across the spectrum (e.g., red, orange, yellow, etc.), and intensity can vary from gray to intense color. Although other phenomenon can have some of the same parameters, only Color has this unique set of parameters. For example, one of the parameters of Light is brightness. Therefore, one distinguishes the phenomenon of Color from other phenomenon in general by specifying that only Color has the particular set of parameters of Brightness, Hue, and Saturation. In turn, one distinguishes between each of the different colors by varying the descriptions or values of any or all of these three parameters. For instance, the color red has a certain brightness, hue, and saturation; while the color blue has a different brightness, hue, and/or saturation; and so on with all other colors.

When the characteristics of the parameters of a phenomenon are specified, not only are the different instances of that phenomenon differentiated, a *parametric description* of a specific example is also created. In other words, a parametric analysis specifies the general aspects or constituent "parts" of a given "whole"; while a parametric description specifies the unique characteristics and qualities of those "parts" and thereby provides a clear and thorough explication of a particular instance of a given "whole." A parametric analysis highlights what parts comprise a specific concept, while a parametric

description elaborates on the characteristics of those parts that might or might not be exhibited in each case of that given concept.

Parametric Analysis of Culture

Ossorio (2006) described a parametric analysis of culture as being comprised of the following parameters: World, Members, Social Practices, Statuses, Language, and Choice Principles, which altogether comprise a culture, or in other words, a Way of Living. The parametric analysis of culture can be described in the following formulaic manner (Lubuguin, 1998; Ossorio, 2006):

<Cu> = <WOL> = <W, M, SP, S, L, CP>

where

Cu	**=**	**Culture**
WOL	**=**	**Way of Living**
W	**=**	**World**
M	**=**	**Members**
SP	**=**	**Social Practices**
S	**=**	**Statuses**
L	**=**	**Language**
CP	**=**	**Choice Principles**

World. "This parameter refers to the context, structure, and principles of the world as it is understood. This includes (a) the place of the community in the world, (b) the history of the community, including its relations and interactions with other

communities, and (c) the past, present, and (in principle) future history of the world" (Lubuguin, 1998, "Parametric Analysis of Culture," para. 3). Members of a culture do not interpret these aspects as their beliefs about the world, but instead understand these tenets as just the way things are, objectively speaking (Ossorio, 2006). In this sense, members of a culture generally take it as a given truth that their world is as they see it.

Members. Members of a culture may take part in other communities as well, but they live in accordance with their own culture as they interrelate with fellow members. These are the individuals who have participated, are participating, or will participate in the particular culture (Lubuguin, 1998). "In general cultures outlive [or transcend] individuals, thereby the membership of a culture includes the historical totality of member and not merely the current participants" (Lubuguin, 1998, "Parametric Analysis of Culture," para. 2). It is through the embodiment of its members, living, acting, and being that a culture exists (Ossorio, 2006). Briefly stated, a culture is manifested and embodied by its members.

Social Practices. This parameter refers to the repertoire of behavior patterns that members of a culture may engage in, or in other words, what there is for these members to do (Ossorio, 2006). Essentially, social practices are the core, common things that are done in a culture, and the things that members of a culture do. "Social practices are ingredients of organized sets, or structures, of social practices. These larger units are designated as 'institutions'" (Ossorio, 2006, p. 182). Examples of institutions might include raising a family, becoming educated, and earning a living. The overall set of

social practices of a given culture reflect the distinct "character" of that culture, as they provide the customary course of action that its members follow. Generally speaking, cultures specify "what" and "how" its members engage in various social practices. When the members of a culture engage in its social practices in a customary manner, nothing remarkable occurs since the members are simply doing "what is done" in that culture. It is only when its members do not follow course that an explanation for the behavior, or lack thereof, is expected from other members (Ossorio, 2006).

Statuses. Statuses reflect the social structure of a culture (Ossorio, 2006). The "differentiation and meshing of activities, standards, and values among different sets of individuals" comprise its social structure, which can be "articulated in terms of statuses" (Lubuguin, 1998, "Parametric Analysis of Culture," para. 4). In the Descriptive Psychology conceptual framework, status is not restricted to the conventional connotations of rank, social class, and social standing; rather, it refers more broadly to a person's position in relation to others within a specific social context (Lubuguin, 2010). A person's overall place or position is a function of all of the possible positions in that social domain and context, and it entails certain possibilities and limitations, depending on its relationship to other positions (Lubuguin, 2010). Furthermore, a person's status in a social domain can be dynamic depending on the context: for example, in one setting the individual may be an authority figure, while in another setting that person may be subordinate to other members in the community.

Language. Each culture has a primary language spoken by its members (Lubuguin, 1998). "A language is most distinctively characterized for by its concepts and its locutions" (Ossorio, 2006, p. 183).

Choice Principles. Choice principles provide a means of selecting among the social practices, behavioral options, and patterns of behavior that are available in a given culture (Ossorio, 2006). In other words, Choice Principles involve *how* members of a culture do what they do; they guide how things are done in a specific culture. Because not all behaviors a member may choose from are inherently "good" or "right" according to a given culture, social pressure (e.g., laws and morals) exists to guide its members in selecting behaviors the culture deems more favorable than others (Ossorio, 2006). The coherence of which behaviors a culture regards as preferable over others reflects that culture's set of Choice Principles. Lubuguin (1998) explained:

> A social practice is a behavior pattern which has a hierarchical structure that reflects the multiplicity of stages and of options through which a person can engage in that social practice. Choices are inevitable since, on any given occasion, a social practice must be done in one of the ways it can be done. Cultural choice principles are more or less normative and provide guidelines for choosing social practices and behaviors in such a way as to express and preserve the coherence of human life as it is lived in that culture, and to preserve the stability of the social structure. Choice principles are commonly articulated in the form of value statements, or policies, or slogans, or maxims and mottos, or in scenarios such as myths and fables. ("Parametric Analysis of Culture," para. 7)

Parametric Description of Modern Military Culture

As described earlier, Culture is equivalent to a Way of Living, which can be articulated in terms of that culture's World, Members, Social Practices, Statuses, Language, and Choice Principles. Before delving into a particular parametric description of military culture in general, there is a point to elaborate on about that culture and its members. Those who serve in America's Armed Forces are clearly not a homogenous group (Devries, Hughes, Watson, & Moore, 2012). They come from various backgrounds, have numerous reasons for enlisting, have experiences that differ throughout the lifespan of service, and regard their service after it is completed in individually distinct ways. The degree to which veterans have acculturated to military culture differs. The extent to which a veteran relates to military culture, and which aspects of the culture he or she identifies with also differ. Various subgroups may relate to each other differently as well. For example, aviators of *different* branches may relate better to each other than to members of their specific branches; they may identify more with the role of aviator than their branch of service. Those who experience combat may relate better to others who have had this direct experience, and may identify less with others who never served on the front lines, regardless of branch (Devries et al., 2012). Both of these examples tend to be the case, even though it is often true that branch loyalty supersedes other group loyalty. The point here is a reminder that what may be generally true in regard to parametric descriptions of aspects of a culture may not be specifically true or applicable on a case-by-case basis, due to inevitable individual differences.

Accordingly, differences and variations occur in the following multiple levels: (a) between military culture and civilian culture, (b) between different branches of the military, and (c) between different individuals among the military. This wide range of variability is in part why a parametric description of culture from the Descriptive Psychology perspective can be helpful. With this conceptual device, the reader may begin to explore and understand what may be consistent within military culture versus civilian culture, as well as what may be different across individuals within the military population.

World

The place of the community in the world. The first stand-alone military power in the U.S. arose out of the need to establish independence from Britain in the American Revolution (1775 – 1783). Currently, the place of the Armed Forces in the world has broadened from that of a force for national sovereignty alone to that of the world's primary superpower (Chambers, 1999).

Veterans see the position of the Armed Forces in the world as defenders of freedom and keepers of peace. They are concerned with protecting America's sovereignty, as well as upholding justice across the world. Because of this stance as well as the adherence to the idea of American exceptionalism, the opinion of foreigners about America and its Armed Forces varies across countries. Some countries, like our allies, hold America in high esteem, while others are resentful, since they perceive America as interceding in matters beyond her business. However, regardless of where a particular

country stands on that spectrum of opinions, during times of large scale crisis, the global community typically expects America to take action.

The history of the community and how it relates with other communities. Depending on the country's defense needs at the time, the size and configuration of the US military force have changed throughout its history (Department of Veteran Affairs, 2004). Early in American history there was no standing army. People were concerned that a regular active military would be costly and negatively impact the political process. However, to supplement local militia who were fighting the British during the American Revolution, on June 14, 1775 the Second Continental Congress created the Continental Army, which was the first regular active US fighting force (Department of Veteran Affairs, 2004). When the American Revolution ended, the Continental Army disbanded. The militia resumed life as usual, but remained available should a national or state security issue arise again.

By the 19th century, it was clear that America could no longer rely on militia forces to gather rapidly and respond professionally to national crises, hence the inception of the US Armed Forces. Since then, its size has fluctuated, rising during periods of war and decreasing in peacetime. The combined US Armed Forces was at an all-time high of 8.3 million during World War II. Since then and through the Vietnam War, military members were conscripted in order to achieve the necessary strength of military force. This practice ended in 1973 when the Selective Service Act of 1948 was terminated, ending the all-male draft and beginning the all-volunteer force seen today. By the time America was engaged in Operation Desert Storm, the Army totaled approximately 750,000 service members, a number that fell to fewer than 500,000 by the mid-1990s.

That was it's smallest size since WWII began (Department of Veteran Affairs, 2004). In the last decade that number has risen and fallen around 500,000, and it is currently a matter of political controversy as to what the number of soldiers in the U.S. Army "should" be (Bowman, 2014).

The Armed Forces primarily interact with other communities as dictated by The Geneva Convention, abides by the "Just War Doctrine," and complies with The Rules of Engagement (ROE) (Exum, Coll, & Weiss, 2011). The Geneva Convention is comprised of four different documents that delineate an international agreement about how warfare should be conducted. The Just War Doctrine is a philosophy that pronounces war should be pursued only as a last resort, for moral purposes, and only when the cost of human life and property/land destruction is expected to be "proportionate price for the good to be achieved by defending the just cause" (O'Brien, 1984, p. 59). The ROE prescribe in the form of directives issued by military authorities when U.S. forces can and cannot engage in combat with enemy forces (Exum, Coll, & Weiss, 2011).

The past, present, and (in principle) future history of the world. The way military conflict is engaged in is changing, and the future of Armed Forces engagement will require adaptation to these changes (Exum, Coll, & Weiss). For instance, our enemies increasingly do not comport to the ROE. Furthermore, conflicts increasingly involve special operations. Political leadership, global relations, the occurrence of global events, and the development of technology all will influence how military culture transforms over time.

Members

Past. The term for a person in the Air Force is "Airman." Its date of inception was September 1947. The term for a person in the Army is "soldier." Its date of inception was June 1775. The term for a person in the Marine Corps is "Marine." Its inception was November 1775. The term for a person in the Navy is "Sailor." Its inception was October 1775. The term for a person in the Coast Guard is "Guardian." Its inception was August 1790.

The Department of Veteran Affairs reported that by 2004, the military had become more diverse and complex than ever before in its history. By then, ethnic minorities made up 24% of the Air Force and 40% in the Army, and 16% of the active Armed Forces were women. Over 50% of service members were married, and 11% of those service members were married to other service members. By 2004, over 95% of military service members had earned either a high school diploma or GED.

Present. As of 2011, the following is a description of the composition of the modern military population (DoD, 2009; Center for Deployment Psychology, 2011). The Army had 549,015 Active Duty soldiers, 358,391 National Guard soldiers, and 205,297 Reserve soldiers. The Air Force had 328,847 Active Duty Airmen, 109,196 Air Guard Airmen, and 67,986 Reserve Airmen. The Navy had 324,239 Active duty Sailors, and 66,508 Reserve Sailors. The Marine Corps had 203,075 Active duty Marines, and 38,510 Reserve Marines. The Coast Guard had 42,426 Active Duty Guardians, and 7,693 Reserve Guardians. There are veterans alive today from every conflict, starting from WWII until the present. Although veterans differ in age and service era, they share certain core values that will be delineated in a later section.

Although the demographic characteristics of veterans vary by geographic region, there are evident demographic trends within the United States military. Women and racial/ethnic minorities are enlisting in the Armed Forces in larger percentages than ever before (DoD, 2009). Regionally, the largest percentages of veterans have Southern roots, whereas the smallest percentage comes from the Northeast. In 2009, enlisted men on Active Duty were more likely to be married as compared to their civilian counterparts.

There are various general personality types represented in the military. Some personality types are drawn to service, while other personality characteristics are reinforced by military culture, and thereby become strengthened in a military context over time (Devries et al., 2012). For example, as the military values structure, order, and precision, these traits are reinforced in its members, who at the far end of the spectrum may even develop obsessive-compulsive personality traits. Other personality traits may cluster by branch or operating specialty (i.e., operating specialty is analogous to a job description). Furthermore, the longer a person chooses to remain in service, the more likely he or she will adopt the military cultural norms, and the more time he or she has to engage in them. The reasons a person enlists vary from person to person; in accordance, "It is after this initial enlistment, when they truly know what they have signed up for, that a winnowing occurs. It is likely that those who choose to reenlist… have more in common than those serving their initial term of service. In addition, any environmental effects the military may have on personality traits are likely to be more significant the longer the service member is exposed to the culture" (Devries et al., 2012, p. 14).

Veterans of the modern conflicts are deployed more often and more quickly than previous cohorts, and they are incurring more nonfatal injuries than those who served

decades prior. According to the Department of Veteran Affairs (2004) publication, "The Iraq War Clinician's Guide, 2nd Edition,"

> With the recent decreasing size of the US Armed Forces and increased numbers of assigned missions (both war and operations other than war), the tempo of operations (OPTEMPO) for active and reserve members has increased in frequency and intensity. It is expected that more military members will deploy to unaccompanied overseas assignments repeatedly during their careers. As such, many of those deployed to Iraq in the current conflict may have been previously deployed and will likely deploy again. For active duty members who deploy with the units with whom they train and who leave families behind within established military communities (bases and posts), the impact of deployment may be less than for Guard and Reserve members. For those service members in the latter groups, deployment may result in loss of civilian employment, financial penalty, or separation from family who may be left far from any military base or resources. These military members may also be assigned or inserted into units in which they know no personnel, leading to added stress and preoccupation. (pp. 7)

Furthermore, Hall (2008) says, "What distinguishes this conflict from previous wars is the number of service members who don't die but suffer appalling injuries" (p. 10). The ratio of wounded to dead in WWII was 2:1 (Hall, 2008). In Vietnam and Korea the ratio was closer to 3:1. In Iraq, 16 service people are wounded or become ill for every one who dies. Many of these injuries are grievous, requiring amputation, years of recovery, and/or life-long pain and suffering.

Future. Who are the active duty service people and veterans of the future? Perhaps America is at a critical point in time regarding that question. The way current conflict military men and women are treated as they return from service and supported thereafter will impact rates of enlistment going forward. Furthermore, political leadership, American public opinion, the development of new technology, changes in how conflicts are managed and fought, changing international dynamics, and the occurrence of critical events all influence the future trajectory of Armed Forces engagement and the composition of the Armed Forces itself.

Social Practices

Social Practices, or what is done in a culture, are comprised of intrinsic practices and non-intrinsic or instrumental practices (Shideler, 1988). *Intrinsic practices* are done for their own sake, whereas *instrumental practices* are done in the service of pursuing other intrinsic practices. Social practices can be articulated in terms of deliberate actions. Lubuguin (2010) explains that, "Colloquially, to engage in *Deliberate Action* is to 'know what you're doing and to do it on purpose,' and therefore, behaviors of persons are purposeful and not merely random" (pp. 47 – 48). These deliberate actions exhibit a natural coherence, or a dramaturgical pattern, which when seen from a larger perspective comprise the way persons' behaviors fit together to form a culture (Lubuguin, 2010).

The social practices of military culture are most directly dictated by The Geneva Convention, Just War Doctrine, Rules of Engagement, the chain of command, and the Unified Code of Military Justice (Exum, Coll, & Weiss, 2011). Military personnel obey and comply with these edicts. The first three precepts have previously been described, so

only the chain of command and the Unified Code of Military Justice will be described further here.

Following the chain of command is integral to safety and success during military service. It is a basic aspect of what is done in the service, and therefore a fundamental determinant of behavior. "Chain of command refers to the succession of commanding officers from superior to subordinate through which command is exercised via orders" (Exum, Coll, & Weiss, 2011, p. 21). It is a hierarchical system where everyone has a place in relation to the other, or a certain status, which thereby serves to circumvent questions of authority, avoid clashes of personality, and expedite compliance (Waller, 1944). Even when subordinates disagree with orders given by superiors, the prospect of dissention is usually overridden by factors related to unit cohesion, group morale, and the inherent belief in the importance of chain of command (Exum, Coll, & Weiss, 2011).

The Unified Code of Military Justice is a federal law that applies to all military personnel (Exum, Coll, & Weiss, 2011). Through 144 articles, it dictates appropriate military conduct. Military personnel comply with these rules and often continue to abide by these principles as veterans.

Veterans stick together. The social practices of military culture reflect values and beliefs whose roots can be traced to early military training experiences (Strom et al., 2012). Veterans are socialized during these initiation periods. "Throughout the course of military training, a high value is placed on teamwork, leadership, loyalty, hierarchy, obedience, and community. Emphasis is placed on an authoritarian ideology, stressing the importance of discipline, control, rules, and regulations" (Strom et al., 2012, p. 71). After training, veterans may experience crisis situations together, notably combat. These

experiences necessitate group cohesion; or in other words, a number of people working together with a "collective mind" to ensure mission accomplishment and member survival (Strom et al., 2012). This has been described as the "war buddy" experience.

Veterans retain military habits long after they have left service. For example, they eat and shower quickly, maintain gestures used during service, and continue using the same military standards for grooming, household maintenance, and scheduling.

Statuses

Statuses indicate a person's position or place in a community relative to other people, and as such, a person can have different statuses in different contexts. Statuses reflect the various activities, standards, and values among different sets of individuals within the culture, which collectively comprise its social structure. The Armed Forces are steeped in proscribed structure and organizational systems that are both similar and dissimilar across the branches. Each rank corresponds to certain eligibilities and responsibilities.

Military duty "status" is a particular concept that requires a practitioner to understand the difference between Active and Reserve Components (Strom et al., 2012). Active duty veterans essentially work full time for the military. This typically entails full-time benefits, working 40-50 hour work weeks when not deployed, and being "on call" 24/7. According to the Center for Deployment Psychology (2011), those who are in the active component comprise the permanent force of the military during peacetime and wartime. Active duty status can further be differentiated between combat versus noncombat exposure, but this is not an official designation. The Reserve Components are

made up of members of the National Guard and the Reserves. Persons who are reservists perform part-time duties, but they may be called upon at any time to reinforce the Active Component. In previous decades this often meant that a Reservist would work two full weeks a year, and one weekend a month. This is not the case for veterans serving in the modern conflicts of Iraq and Afghanistan. Instead, according to Tanielian & Joycox (2008), these National Guard and Reserve Troops are being deployed in larger numbers than any time in recent history.

A primary characteristic of military culture is its hierarchical system of rank (Devries et al., 2012). Rank is comprised of the following categories: "(1) enlisted personnel which include noncommissioned officers and petty officers; (2) Warrant Officers; and (3) commissioned officers" (Strom et al., 2012, p. 70). The enlisted ranks are denoted by E-1 through E-9. These positions can be considered akin to the blue-collar workers of the military, and they comprise the majority of the military, effectively embodying the force of the military (Devries et al., 2012). A good source to better understand this structure of enlisted rank is http://www.defense.gov/about/insignias/enlisted.aspx.

This group of enlisted service members can be further divided into junior enlisted, E-1 through E-4, and noncommissioned officers (NCOs), E-5 through E-9 (Devries et al., 2012). Officers are like the managers and CEOs of the military. The next group in this ranking hierarchy is the warrant officers. These are technical specialists, akin to teachers and resident experts. The highest ranking positions in the military belong to commissioned officers, who can be compared to white-collar workers. A good source to better understand the structure of officer rank is

http://www.defense.gov/about/insignias/officers.aspx. This is a very simplified explanation of military rank, which can become confusing to civilian practitioners, especially when terminology differs from branch to branch. A good reference to better understand this system over all is: http://www.mhawisconsin.org/Data/Sites/1/media/Veterans/military-facts-for-nonmilitary-social-workers.pdf.

The U.S. Armed Forces is led by the President of the United States as Commander in Chief. The Secretary of Defense is second in command, and also serves as President of the Department of Defense (DoD), which is the federal executive department responsible for military policy. According to the DoD, "The Secretary of Defense is the principal defense policy advisor to the President. Under the direction of the President, the Secretary exercises authority, direction, and control over the Department of Defense. The Deputy Secretary, the second-highest ranking official in the DoD, is delegated full power and authority to act for the Secretary and to exercise the powers of the Secretary on any and all matters for which the Secretary is authorized to act" (DoD, "About the Department of Defense," para. 2). The President is advised by National Security Council and the National Security Advisor, both of which are responsible for addressing the needs of military action in conjunction with diplomacy. The President and the Secretary of Defense are further advised by the Joint Chiefs of Staff. This structure is dictated in Title 10 of the United States Code § 113.

A distinction between armed forces personnel that is less obvious to civilians is membership in regular forces or elite forces (Exum, Coll, & Weiss, 2011). In each branch of the armed forces, there are elite, special operation teams who receive extra

compensation and accommodation to perform special, high-risk duties. In the Air Force, the elite force is called Air Force Special Operations Command. In the Army, the elite forces are called Army Rangers, Special Forces (Green Berets), and Delta Force. The Coast Guard elite force is called the Maritime Safety and Security Teams (MSST) (Ingersoll, 2013). The Marine elite forces are **Mar**ine Corps **S**pecial **O**perations **C**ommand (MARSOC) and Force Reconnaissance (Exum, Coll, & Weiss, 2011). The Navy's **Se**a, **A**ir, **L**and Teams (SEALs) are their elite force.

Another aspect of military structure involves occupational specialty. A veteran's occupational specialty involves his or her job duties, education level, and likely exposure to environmental stressors such as combat exposure (Strom et al., 2012). Occupational specialties are called different terms, depending on the branch: (a) the Army and the Marines use the term Military Operational Specialty (MOS), (b) the Navy uses the term Naval Enlisted Classification (NES), (c) the Air Force uses the term Air Force Specialty Code (AFSC), and (d) the Coast Guard uses the term Coast Guard Ratings.

Rank shapes the way of life for veterans, during and often after their time of service. Enlisted and officer ranks stay separate to preserve the functionality of this system (Devries, et al., 2012). This separation is to facilitate the operation of chain of command, as well as obedience, discipline, and absence of favoritism. These elements can be vital in times of conflict, when life-and-death decisions must be made and followed without hesitation. It is critical to keep in mind how rank and status shapes the way of life in the military, and this structure has implications and impacts that are far beyond what civilian business organizational structures typically have.

Language

The military uses a shared language not only to facilitate effective communication, but also to communicate unspoken interpersonal dynamics (Reger et al., 2008). The primary language used in the U.S. Armed Forces is English. However, it is a well-recognized fact that military culture has a distinct jargon that is colloquially referred to as "Alphabet Soup," which is the prevalent use of acronyms and verbal short cuts. Some of the jargon is explained in this exposition by means of defining terms that relate to such concepts as branch, status, rank, etc. An exhaustive list of this vocabulary is not within the scope of this paper, but a reader can refer to the Department of Defense (DoD) Dictionary or Military and Associated Terms: http://www.dtic.mil/doctrine/dod_dictionary.

Choice Principles

Choice Principles involve *how* things are done in a culture. They involve how to do what is commonly done. Choice principles are typically articulated in the form of: (a) value statements or policies; (b) slogans, mottos, maxims; and (c) in scenarios such as myths and fables. Before exploring Choice Principles expressed in those forms, it is worthwhile to describe how military culture Choice Principles are manifested by religiosity, the "war buddy" culture, and general style of communication.

Although religiosity varies individually, military culture can generally be considered to be religious (Maxfield, 2005). For example, in 2005 72% of active duty Army service members identified as either Protestant or Catholic. Each branch of the

Armed Forces employs a chaplain who attends to the spiritual concerns of its members, regardless of faith, background, or religious preference (Devries et al., 2012).

Veterans are known to be a particularly tight-knit group of people, often distrustful of whom they perceive to be outsiders, which is essentially all those who have not served. The "war buddy" mentality is manifested in a culture that operates more as a collective than an individualistic society. Often, family-like bonds form under times of great stress, and the "band of brothers" phenomenon occurs (Devries et al., 2012). These "war buddies" may spend 18 hour days with their peers, at times literally trusting comrades with their lives. This closeness is often lost when a veteran returns home.

Another Choice Principle of military culture is to use clear and direct communication (Devries et al., 2012). In battle it is critical that orders are delivered and information is exchanged in a concise and to the point manner. This blunt and direct manner serves veterans well during service, but can cause problems when they re-acclimate to civilian life.

Values, Value Statements, and Policies. Value statements are beacons in military culture. Military personnel share core values across divisions that civilians may readily recognize; namely - honor, courage, loyalty, integrity, and commitment (Exum, Coll, & Weiss, 2011). Three often over-looked virtues that also characterize military culture are peacefulness, restraint, and obedience (DeGeorge, 1987). As explained in Strom et al. (2012),

> While each branch of the military has cultural components that are both unique to that service and shared across branches, a specific cultural group or subgroup is defined, in part, by a shared set of beliefs that affect the thinking and behavior of

> many members of the group. Among veterans, shared values stem from service to one's country, shared training experiences, and a shared mission, namely preparation for war and/or national defense. (pp. 68)

Military values can also be identified by branch: "The Navy and the Marines have the core values of honor, courage and commitment. The Air Force has integrity, service before self, and excellence in all we do. The Coast Guard values include honor, respect, and devotion to duty. The Army encourages adherence to the seven Army values, represented… by an acronym" (Devries et al., 2012, p. 13). This acronym is LDRSHIP and it stands for loyalty, duty, respect, selfless service, honor, integrity, and personal courage. These values are further expounded as follows (Devries et al., 2012):

1. Loyalty. Bear fruit and allegiance to the U.S. Constitution, the Army, your unit, and other soldiers.
2. Duty. Fulfill your obligations.
3. Respect. Treat people as they should be treated.
4. Selfless service. Put the welfare of the nation, the Army, and your subordinates before your own.
5. Honor. Live up to the Army values.
6. Integrity. Do what is right, legally and morally.
7. Personal courage. Face fear, danger, or adversity.

The Armed Forces also enact its policies through its stated missions and duties. The following military branch descriptions of missions and duties come from "Population Representation in the Military Services" by Department of Defense (2009), and "Military Cultural Competence" by the Center for Deployment Psychology (2011).

1. The Air Force's mission and duties are "To deliver sovereign options for the defense of the United Sates of America and its global interests to fly and fight in air, space, and cyberspace" (Strom et al., 2012, p. 69).

2. The Army's mission and duties are "To fight and win our nation's wars by providing prompt, sustained land dominance across the full range of military operations and spectrum of conflict in support of combatant commanders" (Strom et al., 2012, p. 69).

3. The Coast Guard's mission and duties are "To protect the public, the environment, and the United States economic and security interests in any maritime region in which those interests may be at risk, including international waters and America's coasts, ports, and inland waterways" (Strom et al., 2012, p. 69).

4. The Marine Corps' mission and duties involve "The seizure or defense of advanced naval bases and other land operations to support Naval campaigns. The development of tactics, techniques, and equipment used by amphibious landing forces. Such other duties as the President may direct" (Strom et al., 2012, p. 69).

5. The Navy's mission and duties are "To maintain, train, and equip combat-ready Naval forces capable of winning wars, deterring aggression, and maintaining freedom of the seas" (Strom et al., 2012, p. 69).

Slogans, Mottos, and Maxims. Slogans and mottos highlight a culture's priorities or values, whereas maxims have the quality of providing a warning or reminding people of important concepts. The following sample list combines military slogans, mottos, and maxims.

1. An Army of One. Marketing slogan introduced in 2001 to replace "Be all you can be" with an appeal to the more individualistic nature of potential modern recruits (Dao, 2001).

2. Be All You Can Be. This was the centerpiece of the most expensive campaign ever used by the U. S. military (Shyles & Hocking, 1990). The Army slogan dates back to 1981 and emphasized instrumental and intrinsic rewards to soldiers and potential recruits.

3. Death Before Dishonor. This saying, used in the Marine Corps and the Navy, refers to the idea it is better to die than to bring shame or dishonor to comrades, friends, or family.

4. Duty, Honor, Country. West Point's motto taken from a speech to the cadets from General Douglas MacArthur in 1962 (Kenny, 2012).

5. Free the Oppressed. Literally, "De Oppresso Liber." Special Forces motto stressing the primary mission to liberate people whose freedom is denied. (Military.com)

6. "If you make mistakes, people die." Maxim that highlights the high stakes of serving incompetently.

7. Improvise, Adapt and Overcome. Unofficial Marine Corps slogan that stresses the importance of problem solving.

8. Mission First. In military life, service members are guided by this. Even in the values previously listed, it is evident that a veteran must prioritize service above everything else.

9. Never accept defeat. Saying adapted from the Soldier's Creed, which states, "I will never accept defeat." This saying stresses the importance of persistence in the face of obstacles.

10. No man left behind. From the Latin "Nemo Resideo," this Marine motto extols the virtue of taking care of their own, and making sure every marine returns home, whether dead or alive (Gaddo, 2012).

11. Oooh rah/Hoorah. Oorah is a battle cry common in the United States Marine Corps since the mid-20th century, comparable to hooah in the US Army and hooyah in the US Navy and US Coast Guard (Powers, n.d.). It is most commonly used to respond to a verbal greeting or as an expression of enthusiasm, high morale, strength, and confidence.

12. Rangers Lead the Way! (RLTW). Army elite force motto trumpeting their willingness to charge into dangerous territory first. Each elite force has a similar motto.

13. Run Silent, Run Deep. Navy submarine motto referring to a sneak attack on an enemy.

14. Semper Fi. This is short for “Semper Fidelis,” a Latin phrase, which means "Always Faithful" or "Always Loyal." This is the motto of the United States Marine Corps and is often used in its shortened form in Marine contexts.

15. The Few, the Proud. Marine slogan appealing to the branch’s exclusivity.

Scenarios. From John Paul Jones’s famous declaration of “I have not yet begun to fight!” to Benedict Arnold’s famous act of treason, from Custer’s Last Stand, to Paul Revere’s “midnight ride,” American history is rife with military scenarios that depict the highs and lows of military experience. However, perhaps the best way to hear the true stories of honor and courage from modern conflict service men and women is to research those who have been awarded for service. Such awards include the Medal of Honor, the Distinguished Service Cross, the Navy Cross, the Air Force Cross, the Silver Star, the Bronze Star, and Commendation Medals (DoD, n.d., valor.defense.gov). According to the U.S. Army’s “Stories of Valor” webpage, “The Soldier's Medal is awarded for acts of valor that take place during peacetime, versus while in combat. Each is an example of

ways Soldiers are recognized by their chain of command for documented acts of valor in combat" (U.S. Army, "Stories of Valor," para. 1).

Culturally Competent Care to Serve Those Who Served

Sue and Sue (2008) described guidelines that help practitioners intervene more effectively with various populations by explicating cultural competence in terms of awareness, knowledge, and skills. Culturally competent practitioners (a) actively pursue personal awareness of their own assumptions about human behavior, biases, stereotypes, personal limitations, etc.; (b) strive to better understand worldviews other than their own; and (c) diligently develop and practice appropriate, relevant, and sensitive skills so as to be able to intervene more effectively with clients from cultures different from their own (Sue & Sue, 2008). By integrating these guidelines with the parametric description of military culture, civilian practitioners can better serve those who serve.

Although civilian practitioners can also encounter veterans in other settings, psychotherapy will most often take place at the Veterans Administration (VA), as the VA is the primary provider of medical and psychological services for veterans. Once a military service person has served 24 months of continuous active service, or the full period for which they were called or ordered to active duty, the individual may retire from the Armed Forces. Whether their status is active duty or veteran, military personnel are eligible to receive services from the Veterans Administration. The mission of the VA is "To fulfill President Lincoln's promise 'To care for him who shall have borne the battle, and for his widow, and his orphan' by serving and honoring the men and women who are America's veterans" (U.S. Department of Veteran Affairs, About VA, para. 1). The VA

is comprised of two distinct entities: the Veterans Health Administration (VHA) and the Veterans Benefits Administration (VBA). The VHA manages health care services for veterans, while the VBA takes care of non-healthcare issues for veterans and their families, such as disability claims and other financial forms. Although the VHA clinical staff may perform evaluations for VBA disability claims or Compensation and Pension (C&P) examinations, these entities are purposely kept discrete in order to avoid conflict of interests.

Awareness

1. "The culturally competent mental health professional is one who has moved from being culturally unaware to being aware and sensitive to his or her own cultural heritage and to valuing and respecting differences" (Sue & Sue, 2008, p. 19).

Civilian practitioners seeking to serve those who served should begin the personal exploration of cultural competence by clarifying their own values, standards, and assumptions about human behavior (Sue & Sue, 2008). By better understanding oneself, a person can more clearly begin to understand others, in terms of similarities and differences. Furthermore, to be unaware of what civilian ideals shape your worldview renders you more likely to impose unconscious biases and assumptions related to those ideals onto veterans.

For instance, to whom do you believe allegiance is owed first? If you believe you honor family first, as many Americans do, you may unconsciously discriminate against a veteran who loves his or her family, but believes s/he must sacrifice all else to prioritize duty to country. Many Americans value the quality of "thinking for oneself." How do

you feel about following orders without question, as veterans were taught to do? If you regard this degree of compliance as blind obedience, you may be biased against a veteran who followed orders in a morally complex context. If so, will you collude with the shame such a veteran may experience, which was driving him/her to seek treatment in the first place? Do you adhere to an ideal of "every man for himself," where self-interest is valued over self-sacrifice? If so, can you identify with the courage it takes to join the Armed Forces, knowing you may have to sacrifice your life for the freedom of others? A culturally competent practitioner searches him/herself to become aware of how these cultural dynamics influence therapy, making the unconscious conscious so as to make better informed therapeutic choices.

2. "The culturally competent mental health professional is aware of his or her own values and biases and how they may affect minority clients" (Sue & Sue, 2008, p. 19).

Do you know what values and biases you hold that could have implications on your work with veterans? For instance, what are your ideas about what influences a person to join the service? Do you think people join the Armed Forces merely because they did not have other career options? This simplistic appraisal and assumption neglects the range of reasons why people enlist. Reasons people join the military include the following: to gain opportunities for travel and adventure, family tradition, out of a sense of patriotism, as a way to learn professional skills, to gain access to higher education, or to gain a structured career path with a guaranteed employer, with clear pay and advancement opportunities and good benefits (Exum, Coll, & Weiss, 2011). Have you considered how

"dovish" or "hawkish" you are? These terms are used to describe the poles on the spectrum indicating to what degree a person will support military engagement in war or special operations, with "dove" representing the pacifist end of the spectrum, and "hawk" representing the pro-combat end of the spectrum. What are your ideas about what it means to volunteer for work that might mean you have to kill others? Do you agree with the Just War Doctrine, that it can be moral to take a life for the sake of preserving others, and that in some cases it is imperative? If not, can you overcome this moral position enough to empathize with a combat veteran?

Finally, what are your beliefs about what it means to have integrity and honor? If they differ from the cultural ideas embraced by the Armed Forces as described above, it is necessary to understand how this might impact treatment with a veteran. "Moreover, under no circumstances should the service member be criticized or judged for his or her actions while serving in a deployed setting… [as this] will only reinforce any preexisting guilt and shame the service member may have and all but guarantee a poor outcome in treatment" (Moore, 2011, p. 18). It is essential to identify and rectify your own prejudices, labels, and stereotypes when working with a culture other than your own, and to challenge your assumptions through consultation, supervision, and continued education (Sue & Sue, 2006).

3. "Culturally competent mental health professionals are comfortable with differences that exist between themselves and their clients in terms of race, gender, sexual orientation, and other sociodemographic variables. Differences are not seen as being deviant" (Sue & Sue, 2008, p. 19).

Veterans may be different from civilian practitioners in terms of all of the characteristics listed above, aside from just their military status. Rather than adhering to the false notion that differences do not matter or do not exist, can you both identify and appreciate these differences? With military status in particular, it is important to understand that all credibility can be lost if you pretend that someone who served is just like someone with no military experience. To veterans, such a notion may provide further proof that your civilian status means you cannot understand their experience, and by extension, their suffering. They will likely believe that if you cannot understand their experience, then you cannot effectively intervene. It is enough of a therapeutic challenge to bridge that misconception without taking the erroneous position that there are no differences between civilians and veterans.

Differences between veterans and civilians can be exhibited in small ways, such as habits, and in large ways, such as worldviews. During service, veterans develop various habits that are often difficult to break when they re-acclimate to civilian life, even though the principles behind the habits may no longer be relevant. For example, many veterans find that years after their service is over, they still eat meals and take showers quickly, as is necessary with limited time and resources during deployment. Veterans often find that it difficult to break the habits of waking up early in the morning, and arriving 15 minutes early for appointments or work. Because it is considered a potentially hostile gesture to point with one finger while in the service, many veterans will indicate directions with a "knife hand," or a swift gesture with a flattened palm. They may find themselves checking their "gig line" on a regular basis, which means making sure the bottom of their shirt buttons, belt buckle, and pant zipper all line up. Many veterans maintain the habit

of properly lifting their feet when walking, and find it annoying when others drag their feet. They may maintain the habit of not walking on grass to get to a destination, they may remain standing until invited to sit, and they may readily use profanity, which is a habit many realize they need to break when they re-enter polite civilian society.

And in larger ways, cultural differences between American civilians and veterans can exist in the way each sees the world. Exum, Coll, & Weiss (2011) stated,

> The distinct characteristics of civilian American culture include an emphasis on individuality, individual achievement, personal freedom and fluid social mobility. These characteristics are in stark contrast to the military culture's strict hierarchical social structure and emphasis on 'the mission,' the chain of command, and group solidarity in pursuit of the mission. (pp. 23)

Practitioners must be aware that these cultural practices differentiate Americans who have served from American civilians. To serve those who served with cultural sensitivity, differences must be recognized and appreciated as variations across a spectrum of normal behavior and identity.

To further paint a picture of how a veteran presents in combat and through subsequent disillusionment and mental health recovery, Shay (1991) wrote an interesting article that integrated psychology and literature. The author used Homer's *Iliad* to portray the specific ways Vietnam veterans with severe PTSD, like Achilles, came home to report "a leader's betrayal of 'what's right,' lost responsiveness to claims outside a tiny circle of combat-proven comrades, grief and guilt for a dead special comrade, lust for revenge, renunciation of homecoming, feeling 'already dead,' going berserk, dishonoring the enemy, and atrocities" (p. 561).

4. “The culturally competent mental health practitioner is sensitive to circumstances (personal biases; stages of racial, gender and sexual orientation identity; sociopolitical influences; etc.) that may dictate referral of the client to a member of his or her own sociodemographic group or to another therapist in general” (Sue & Sue, 2008, p. 19).

There are some mental health professionals who cannot effectively treat service men and women. For instance, those who believe in nonviolence at all cost, those who hold strong anti-American sentiments, or those who cannot see past the way gender differences are recognized in the military, all do a disservice to themselves and to the veteran seeking help when they do not refer the individual out. Although casually referring out clients one disagrees with does not reflect professional integrity or competence, when personal biases are strong enough so as to impair the quality of care, it is necessary to help the veteran receive services from someone who does not share strong anti-military biases. Furthermore, many service members regard women as incapable of military service, or of understanding military culture. Can that strong belief be reconciled well enough for a veteran who holds it to work effectively with a female therapist? It should be carefully considered how a female therapist could be culturally competent with a heavily male-normative culture; with some individuals, it might be in the veteran’s best interest to work with a male therapist.

5. "The culturally competent mental health professional acknowledges and is aware of his or her own racist, sexist, heterosexist, or other detrimental attitudes, beliefs, and feelings" (Sue & Sue, 2008, p. 19).

This awareness component of culturally competent care applies regarding these more prevalently recognized attributes of cultural identity, as well as any that may also apply by virtue of the distinct status of being a veteran. Sue and Sue (2008) state, "A culturally competent helper does not deny the fact that he or she has directly or indirectly benefited from individual, institutional, and cultural biases and that he or she has directly or indirectly benefited from individual, institutional, and cultural biases and that he or she has been socialized into such a society" (p. 19). The irony and the beauty here is that veterans served to help preserve the freedoms which undergird American culture, a culture that is generally typified by much privilege, including the privilege to not be aware of or appreciate this socialization. Civilian practitioners who are working with veterans must challenge their unfavorable evaluations of veterans and develop healthier attitudes, beliefs, and feelings towards this population.

Knowledge

1. "The cultural competent mental health professional must possess specific knowledge and information about the particular group with which he or she is working" (Sue & Sue, 2008, p. 21).

Sue and Sue (2008) further explained that professionals must be "aware of the history, experiences, cultural values, and lifestyles of various sociodemographic groups in our society" (p. 21). A practitioner who wants to serve those who serve must become

familiar with at least the basics of military structure, as well as the different statuses or ranks within the military and between branches, and how each rank corresponds to certain eligibilities and responsibilities. "Based on this [the various implications of rank], it is essential that trainees have a rudimentary understanding of rank structure and incorporate it into assessment and treatment planning" (Strom et al., p. 70). For example, emphasis on hierarchy can become particularly ingrained in higher ranking veterans, who may come home from engagement and continue to expect orders to be followed without question or delay (Devries et al., 2012). When this is not the case, the veteran can experience culture shock characterized by feelings of demoralization and outrage, among others.

The context of a veteran's service is a critical factor to consider when reflecting upon that veteran's culture (Strom et al., 2012). The context may impact the veteran's willingness to engage in treatment as well as how symptoms manifest, and can entail how the veteran accesses therapeutic service. Contexts of service can include whether the veteran was drafted or volunteered for service, motivations for entering voluntarily, and how they were received when they returned home. Consider that veterans of the Vietnam era entered either voluntarily or were drafted, whereas veterans of modern conflicts all volunteered for service. Those who were drafted may have more resentment than those who chose to enlist, although those who entered voluntarily may experience more cognitive dissonance or disillusionment as a result of that military engagement.

Individuals enter military service voluntarily for different reasons. Whether an individual enlists with direct intent to serve, or enlists as a means to a different end – such as to escape difficult life circumstances, or to receive benefits after service is completed-

these factors differently impact the state of mind a veteran has during and after service. Furthermore, consider how the veteran was received home at the end of service. WWII veterans received a heroes' welcome upon return (Fontana & Rosenheck, 1994). There is a common belief in military culture that every cohort since has hoped for and not received this type of homecoming. Conversely, many Vietnam veterans came home to accusations of being "baby killers," and/or may have even been spat on. A common public sentiment is that veterans of the Korean conflict fought the "silent war" and came home to minimal recognition and appreciation. Veterans of modern conflicts may return to an ambivalent reception, or feel respected for their service, but questioned for participating in controversial engagements. As the way the Armed Forces engages in conflict continues to transition from formal declarations of war to special operations, veterans increasingly come home to a community that does not even know about their experiences, nor can they be told (Exum, Coll, & Weiss, 2011).

Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans are returning home as the current conflicts in Iraq and Afghanistan draw down. In some cases, this ending might alleviate family and couple strain as veterans return home. However, divorce statistics for returning service members are quite variable, and some returning service members are more at risk to divorce (i.e., women and enlisted members) than the civilian population (Hall, 2008). Regarding the impact of returning military personal on marriages, Hall (2008) surmised, "It is hard for me to believe that there won't be additional long-term consequences of the current military operations and, with the number of service members returning wounded, both physically and mentally, I imagine there will be significant consequences to these military marriages for many years to come"

(p. 94). Furthermore, there are other residual effects that can be expected after engagement in over a decade of fighting two wars (Moore, 2012). Civilian practitioners can expect to facilitate the veteran population's shift from the acute stresses of service to the aftermath of chronic ramifications such as PTSD, depression, anxiety disorders, substance addiction, chronic pain, traumatic brain injury (TBI), family problems and violence, and other psychiatric and physical disorders. TBI is considered the "signature wound" of OIF/OEF (Coll, Weiss & Yarvis, 2011). High suicide rates among returning service personnel are also a critical problem (Hall, 2008). In other words, returning veterans may experience functional impairment in various domains, including social, occupational, and physical.

The loss of the war buddy culture a veteran often experiences when s/he transitions to civilian life may adversely impact marital relationships that are challenged by the difference in closeness between these two types of intimate relationships. Veterans who experience this loss, as well as conflict at home, may be more likely to turn to friends or "work families" instead, thus further exacerbating the problem.

Culturally competent practitioners know that veterans not only experience the "us against them" dichotomy of veterans versus civilians, they sometimes differentiate amongst themselves. When veterans differentiate themselves by virtue of whether or not a veteran has had combat experience, they can inadvertently exacerbate the alienation they wish to avoid. The following is a quote from Kindsvatter's *American Soldier* (as cited in Devries et al., 2012), "In our myopic view, we [combat soldiers] respected and admired only those who got shot at'…. [C]ombat soldiers, particularly those closest to the front and doing most of the fighting believed that the rest of the soldiers, and more so

the civilians back home, did not have any idea what the combat soldier experienced" (p. 12). What can result then is a resentment from the combat veterans for their peers who seem to have an easier, more carefree military experience, as well as resentment to those back home who also do not understand the burden of frontline experience. Unfortunately, Kindsvatter continues, "there is an ironic dichotomy here, as the combat veteran simultaneously wants the respect and admiration of those back home for his or her service and yet resents them for not having been in combat themselves" (Devries et al., 2012, p. 12).

Generally, veterans are religious. Although of course not all veterans who practitioners treat will be religious or spiritual, according to Devries et al. (2012), "What is important for professionals to know is that religion and the military have a strong relationship and those beliefs will often permeate the counseling process" (p. 12). However, experience with military conflict may provoke existential insecurity that may put a veteran's beliefs into question. This may make a veteran's psychological recovery a spiritual battle as well.

Ultimately, according to Strom et al. (2012), "Providing culturally competent services to veterans not only requires specific technical knowledge about branches and related vocabulary, but it also requires an understanding of relevant beliefs and values common to military veterans" (p. 71). For example, consider the maxim "mission first." Veterans were trained that mission trumps all other concerns, even when those other concerns are also valued, such as family, and the lives of other service members. Dedication to the mission over family is exercised in a very concrete manner any time a veteran leaves home to respond to deployment.

The preceding discussion is not intended to be comprehensive, but rather to merely highlight several key points that pertain to the competence of being knowledgeable about veterans as a group. There are other good ways to become knowledgeable about military culture, such as reviewing American history by reading textbooks or other nonfictions books, and reading literary fiction such as "The Things They Carried" by Tim O'Brien, "Catch 22" by Joseph Heller, and Lt. Col. Dave Grossman's "On Killing: The Psychological Cost of Learning to Kill in War and Society." Great resources regarding OIF/OEF soldiers are the three books by Bridget C. Cantrell: (a) Down Range to Iraq and Back, (b) Once a Warrior: Wired for Life, and (c) Souls Under Siege: The Effects of Multiple Troop Deployments - And How to Weather the Storm. Watching movies like *Restrepo* and *The Hurt Locker* can be helpful. Perhaps most importantly, practitioners can gain knowledge by having conversations with veterans who are willing to talk about their experiences and how those experiences have impacted them.

2. "The culturally competent mental health professional will have a good understanding of the sociopolitical system's operation in the United States with respect to its treatment of marginalized groups in our society" (Sue & Sue, 2008, p. 21).

Strive to understand how oppression exists within military culture and against it. A review of how Vietnam veterans were treated when they returned from Vietnam is a good example of what inter-oppression has looked like in the past. Inter-oppression refers to oppression between groups. In this case, there was widespread discrimination from civilians against those who served in the Vietnam War. A review on the current statistics

of Military Sexual Trauma (MST), particularly against women, is a compelling example on intra-oppression that is rampant today (Burgess, Slattery, & Herlihy, 2013). Intra-oppression refers to oppression within a group. In this case it refers to sexual violence committed by one service member to another, most commonly service man against service woman, but MST exists across all gender permutations. Because more females are enlisting, females are increasingly being deployed to Iraq and Afghanistan, and accordingly, increasingly seeking services at the VA (Kelly, Vogt, Sheiderer, Oimette, Daley, & Wolfe, 2008). Women veterans have higher proportional rates of being assaulted and/or sexually harassed as compared to their male counterparts. Due to higher numbers of females in the military, along with higher rates of Military Sexual Trauma (MST) in this population, treating MST effectively among the returning veteran population is imperative (Burgess, Slattery & Herlihy, 2013).

After returning from service, some military personal pursue service-connection (SC). Deciding to seek SC, and whether or not a veteran receives it can be difficult. The Department of Veteran Affairs (2008) described service-connection as "a tax-free benefit paid to a veteran for disabilities that are the result of or made worse by injuries or diseases that happened while on active duty, active duty for training, or inactive duty for training." Whether a veteran pursues SC might depend on how severely he or she was injured, whether the injuries involved are primarily psychological versus medical in nature, and to what degree the veteran has stoic traits or help-resistant attitudes about trying to receive government assistance (Exum, Coll, & Weiss, 2011). Practitioners working with this population may see a polarity phenomenon exist, where some claimants over-report and others under-report symptomology. Practitioners from

Veterans Health Administration (VHA) providing Compensation & Pension (C&P) exams for use in Veterans Benefits Administration (VBA) claims may find themselves in an ethical bind when reporting their results in situations where malingering might be suspected, or conversely, when it is suspected a veteran is under-reporting. Additionally, veterans who are particularly treatment-resistant in regard to mental health issues may be more likely to respond to SC conditions with substance use and abuse, rather than to seek formal mental health treatment.

3. "The culturally competent mental health professional must have a clear and explicit knowledge and understanding of the generic characteristics of counseling and therapy" (Sue & Sue, 2008, p. 21).

Civilian practitioners seeking to serve those who serve should evaluate how s/he believes therapy works. Practitioners must understand that therapy necessitates certain "language factors, culture-bound values, and class-bound values" (Sue & Sue, 2008, p. 21). A paradox of serving the mental health needs of veterans is that many aspects of military training for producing effective soldiers are antithetical to having the personal characteristics that are beneficial for being responsive to psychotherapy. Stoicism, collectivism, and detachment all impede the therapeutic process. For example, for some veterans a therapy approach based solely on eliciting feelings might not only be ineffective, but it could even be considered offensive as it represents such a deviation from the stoicism some veterans value and embody. Furthermore, the unstructured, non-directive approach many practitioners use in therapy may be too great a contrast to the highly structured, directive style veterans become accustomed to in the service.

4. "The culturally competent mental health professional is aware of institutional barriers that prevent some diverse clients from using mental health services" (Sue & Sue, 2008, p. 21).

Variables that might undermine a veteran's pursuit of therapy include the following: décor, language, gender incompatibility between therapists and veterans, organizational climate, hours of operation, location of facility, services offered, etc. (Sue & Sue, 2008). An example of an institutional barrier to treatment is the separate location of mental health department in an agency, which necessitates that a veteran is readily identified as having a mental health problem if s/he is seen in that section of the treatment facility. In contrast, if the mental health professionals are integrated into the medical sections, then veterans who are receiving mental health services do not stand out, and may therefore be more likely to present for treatment. Another institutional treatment barrier impacting this population is the lack of therapeutic facilities in rural settings. Veterans with PTSD tend to dislike crowded environments, as they trigger hypervigilance. Therefore, traveling to an urban setting for care can be particularly difficult. For this same reason many veterans prefer to do errands in late evening, nighttime, or early morning hours, as there tends to be fewer other people out during these times. Therapeutic agencies not open during "off hours" may be less accessible to this population.

Skills

1. “At the skills level, the culturally competent mental health professional must be able to generate a wide variety of verbal and nonverbal responses” (Sue & Sue, 2008, p. 22).

Culturally competent practitioners should be able to adapt treatment to the needs of the individual, which therefore requires facility with a number of styles of therapeutic intervention. Furthermore, varying degrees of formality, varying range of use of language (e.g., from vulgar to polite), varying degrees of directness (e.g., from subtle/indirect to blunt/provocative), and so on, reflect the ability to have a range of ways to express oneself verbally and non-verbally.

As explained, many combat veterans in particular resent those who have not experienced direct combat, veteran or civilian. Notably here, this resentment has direct implications for practitioners. For the majority of civilian therapists who have not served, this is commonly a significant treatment barrier (Devries et al., 2012). A practitioner has two primary ways to overcome this barrier. The practitioner may gain experiences that mental health providers have available regarding working in deployment environments. Some opportunities exist to even go through similar training experiences such as at the Army’s Airborne or Ranger Schools. This may not be a realistic option for most practitioners, however. For those who cannot gain congruent military experiences, it can be prudent to take a “one-down” position when working with veterans. This approach can tap into the veterans desire to have respect from those who have not experienced combat, and it shows respect to that veteran. In turn, the veteran may be more likely to show the practitioner respect in return (Devries et al., 2012).

However, taking the one-down position only goes so far. It applies to service experience, not technical expertise. If working with a veteran in a mental health capacity, a practitioner is expected to be an expert in mental health, and to take on that posture. An overly humble or passive style is unlikely to gain trust or credibility with this population, who may find the lack of expressed confidence as a sign of incompetence.

One therapeutic style that can be particularly effective with veterans is a solution-focused approach (Moore, 2011). Veterans are trained to adapt and overcome, and many believe that all problems can be solved with enough effort, thought, resources, and time (Moore, 2011). This mindset can be well utilized in therapy with a practitioner who actively works with the veteran to generate and implement change strategies.

2. "The culturally competent mental health professional must be able to send and receive both verbal and nonverbal messages accurately and appropriately" (Sue & Sue, 2008, p. 22).

This idea relies on the understanding that a practitioner must be able to communicate effectively and understand accurately (Sue & Sue, 2008). This requires the practitioner to recognize and respond to verbal and nonverbal communications, which necessitates an awareness of cultural cues that are activated in session, and an ability to respond as indicated. For example, a practitioner who interprets a veteran's stoicism as resistance and responds accordingly will likely propagate, rather than mitigate, the stigma associated with seeking help (Moore, 2011). Of note, it is possible to work effectively with veterans using a passive and Socratic approach, but practitioners must be alert for signs the veteran is becoming uncomfortable with this posture, as when this is the case, to

continue forward may lead to impatience, resistance, insufficient rapport, and/or inconsistent attendance (Moore, 2011).

Furthermore, practitioners working with veterans must be aware of mutual communications about respect as well as safety, two factors most veterans are keenly tuned into. Communicating respect to a veteran entails direct eye contact, direct communication as much as possible, appropriate use of terms related to status, rank, operational specialty, branch, etc. It is better to ask than get these factors wrong. Being vigilant of a veteran's experience of safety may mean that practitioners allow veterans to choose where to sit when possible, as many prefer to sit with back to wall. Some veterans will be opposed to closing eyes for relaxation exercises. Finally, it is never acceptable to ask veterans if they have killed people. Never.

A competent therapist must be able to adjust the way they speak to allow for more articulate and less articulate speakers. This can entail adjusting the verbal complexity of communicate to the veteran you are speaking with. Another aspect of communicating with veterans involves comfort level with vulgar language. How comfortable are you with swearing? How do you respond when patients swear? Would you ever swear when working with a veteran? If you are squeamish about this, you will have a treatment barrier.

Practitioners are advised to acknowledge a veteran's effort to seek treatment despite stigma, address these and other treatment barriers early in treatment, and normalize the experience. Doing so can increase the likelihood the veteran will stay in treatment and decrease the likelihood the veteran will minimize symptom reports (Reger et al., 2008). A practitioner seeking to intervene therapeutically with this population will often be seen

as an outsider, and must be willing to accept that veterans may be reluctant to trust therapists, despite showing ability to more quickly gain rapport with peers (Strom et al. 2012). Other barriers to treatment may stem from the veteran ideals of secrecy and stoicism, which helps them on the battlefield, but perhaps less so in the mental health clinic. Veterans may choose to open up slowly, if at all, to practitioners, provided that they present for treatment in the first place. To overcome these ideals that have become concrete enough to prevent veterans from seeking treatment, the VA has developed a suicide prevention campaign, which reframes the issue by saying "it takes the courage and strength of a warrior to ask for help."

3. "The culturally competent mental health professional is able to exercise institutional intervention skills on behalf of his or her client when appropriate" (Sue & Sue, 2008, p. 22).

Institutional intervention skills differ based on which institution a practitioner is working in when s/he encounters a veteran. Regardless of whether this setting is the VA, a private practice, a community based agency, or something else, a culturally competent clinician understands that some problems or barriers a veteran face are external to him or her, but rather are systemic in nature. Practitioners working with veterans should then be able to intervene with "out-of office strategies" as necessary (Sue & Sue, 2008). According to Sue et al.,

> Culturally skilled counselors are able to exercise intervention skills on behalf of their clients. They can help clients determine whether a "problem" stems from racism or

bias in others (the concept of healthy paranoia) so that clients do not inappropriately blame themselves. (1992, p. 483)

4. "The culturally competent mental health professional is aware of his or her helping style, recognizes the limitations that he or she possesses, and can anticipate the impact on the culturally different client" (Sue & Sue, 2008, p. 22).

Not everybody is able to serve this population well, so each practitioner should be willing to make an honest assessment of whether serving those who served is a good personal fit. However, what makes someone a good fit for this population is not always clear or obvious. For instance, a young, psychodynamically-oriented female can be effective with this population if she is confident, direct, and willing to work in a more solution-focused manner when necessary. However, if this same female blushes at crude language or sexist remarks, her effectiveness and credibility as a clinician is likely greatly diminished. To work well with veterans, a practitioner must be willing to try to understand and be responsive to the culture; the culture will not bend for the practitioner.

Some differences, such as gender difference or lack of military experience, can be overcome by a therapist's conscientious development of new skills. In other cases, when a personal therapy style is beyond adjustment, Sue & Sue recommends a two-pronged approach: "(a) acknowledge the limitations, and (b) anticipate your impact on the client" (Sue & Sue, 2008, p. 22). This approach communicates an understanding of how your style may be limited in serving this population, recognition that your style may adversely impact the veteran, and your desire to transcend limitations and help despite them (Sue & Sue, 2008). In particular, it can be beneficial in treatment for a practitioner to address as

soon as possible his or her civilian status, the stigma of therapy in military culture, and the veteran's courage for seeking help (Moore, 2011).

5. "The culturally competent mental health professional is able to play helping roles characterized by an active systemic focus, which leads to environmental interventions. Such a mental health professional is not trapped into the conventional counselor/therapist mode of operation" (Sue & Sue, 2008, p. 23).

Sometimes veterans will need assistance more akin to case management and/or advocacy. A culturally competent practitioner should be willing and able to help patients navigate systemic obstacles when possible. For instance, it can be helpful to assist a veteran to connect with the VA, or to clarify the differences between the VHA and the VBA. Being able to connect a veteran with community resources that are more expedient or accessible than VA resources might be necessary in some cases. Many veterans feel they can only connect with others who have served, so it is advisable to be aware of veteran support groups or military-friendly organizations in the community.

Sometimes the best way to serve someone is to understand where on Maslow's hierarchy their needs are, and to be able to intervene when security needs are primary. This often entails the ability to operate beyond the scope of the traditional clinical setting. For example, because many veterans find it difficult to reintegrate into civilian society, helping veterans obtain basic security needs such as housing and food may be predominantly important. Helping them obtain employment may also be a fundamental means of facilitating the intervention they need. Furthermore, supporting pro-military organizations and business that specifically cater to military personnel is an important

way to advocate for this population. Support can take the form of charitable donations, to patronage, to political and legislative participation or activism. As advocacy is at the heart of this particular competence, being willing and able to support the military population outside as well as inside the clinical setting is a vital component of multicultural care.

Summary

Whether in a military-specific setting or not, most civilian practitioners working in America will almost inevitably encounter active duty and/or veteran clients requesting mental health services. Therefore, to provide competent care to this population, it is imperative to understand the military culture. This paper has explicated that culture by utilizing the Descriptive Psychology conceptual device of a parametric analysis of culture. By specifying the generic aspects of culture per se vis a vis the specific parameters of culture, a systematic and thorough analysis and description of military culture was articulated in the form of a parametric description. The clinical implications and utility of the description of military culture were then highlighted using Sue & Sue's (2008) model of cultural competence, which entails developing awareness, knowledge, and skills. It is ultimately my opinion that civilians have the aptitude to effectively serve those who served by delivering quality therapeutic intervention. However, realizing that capability and providing quality mental health care must be shaped and guided by an understanding of how military culture uniquely impacts the men and women of the Armed Forces. As such, this paper attempted to compensate for limitations in the current body of psychological literature by making the important novel contribution of integrating

cultural competence guidelines with a systematic description of military culture, so that civilian practitioners may better meet the therapeutic needs of military personnel.

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