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The Evaluation of Wellness Programs for Our Returning Veterans

Alexandra Rawson
Providence College

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Alexandra Rawson
Independent Study- HPM 491-004
Fall Semester 2013
Dr. Mulligan
The Providence VA Medical Center
“The Evaluation of Wellness Programs for Our Returning Veterans”

On a national level, our attention has been increasingly diverted toward the deteriorating mental health status of many of our Veterans. In light of these recent stories and heightened media attention, fittingly, public concern for these wounded soldiers has amplified. According to the Veterans' Association, a report released in 2011 declared that over 1.3 million Veterans received specialized mental health treatment from the Veterans' Administration for mental health related issues. In response to this heightened statistic, attention and increased demand for mental health services, policy changes, and research are now under way. Unfortunately, however, there remains the challenge of attaining the knowledge needed to implement informed and effective solutions. We still continue to experience gaps in understanding the mental health and cultural needs of returning service members.

In light of these recent events and advancements, I have conducted my own personal research in an attempt to best comprehend the emotions and needs of returning veterans, as well as effective treatments and practices. Despite my comprehension of mental health issues as a national concern, I studied this at the local level. In order to do so, I spent time observing and interviewing various personnel at the Providence Rhode Island Veterans' Administration Hospital. My primary focus of this research was to evaluate the various healing techniques and programs provided outside of the traditional medical realm; such as religious or spiritual techniques. To gain a more comprehensive understanding of these various treatments and programs, I asked for the advice and recommendations from various resource personnel, so that I could determine which practices were most beneficial to the veterans in their healing and reintegration. I also used this insight to evaluate what components were lacking, so as to propose changes and implementations that could be made to better accommodate the veterans' needs.

Throughout my study, I spoke with a number of people from various professions, both formally and informally. This wide array of positions and experience was advantageous to my research because I gained insight through a variety of different perspectives. To best convey my findings, I would like to begin by introducing John DiRaimo, a native Rhode Islander. John DiRaimo, a national guardsman, was deployed in 2003 when America first invaded Iraq. I would like to use his story to explain how the different people I met with might approach his situation. In this capacity, I aspire to depict the vast amount of encounters that he could potentially experience during his treatment process, and the different types of treatment mechanisms that may be recommended. At the culmination of sharing these various methods, I would like to conclude with my personal recommendations. Based upon all that I have learned, I would like to offer what I believe would be most beneficial for the veterans as they seek treatment and assistance for their mental health disorders, and attempt to reintegrate into society.

I. John DiRaimo

For John DiRaimo coming home was like a big celebration, filled with joy and happiness. However, now, he feels that he is finally realizing the true price of fighting in a war. John is a forty two year old veteran. Prior to leaving for war, he was described as fun, easy, loving, and kind. Now he is a completely changed man. Throughout the night,

he ¹²wakes up with night terrors, sleeps with a loaded gun beneath his bed, and often finds himself pacing in his bedroom instead of sleeping through the night. When John tries to watch movies or television, he often cannot, due to the triggers these cause that deeply disturb him. John knows that there is help out there, but he does not want to be ostracized by society. He talks about his role as a soldier, revealing that he came under fire, fired back, and also saw fellow soldiers die; all of which was part of his job while deployed. In the eyes of the Church, he feels that he did something wrong, believing himself unworthy to receive Holy Communion. John explains that he feels haunted, and that he cannot escape the nightmares. He knows it is not healthy to suffer alone, yet he tries to keep all his troubles to himself, internalizing his emotional turmoil. Emotionally, spiritually, and physically, he feels withdrawn from his family, friends, and society: “like a walking carcass”. Finally, John acknowledges that he needs to seek help. However, he feels he has nowhere to go, and is alone, because no one can truly understand what he is experiencing.¹

II. Chaplain Dan

As John comes to terms with his current mental health status and seeks help, he would most likely begin by visiting the Providence Veterans’ Health Center. Due to the fact that his symptoms present immediate danger, he could potentially be admitted to the hospital for an in-depth medical examination. As a part of this exam, he would also undergo a spiritual assessment in accordance to the Veteran’s Administration Handbook. A spiritual evaluation would be included because, in the medical field, spirituality is not considered an alternative, but a rather a complimentary care. John can, however, refuse this assessment.

At the Providence Veterans’ Medical Center, Daniel Cortell is the Senior Chaplain. Under the circumstance that John consents, Chaplain Dan would perform the spiritual assessment: “putting on his chaplain glasses, looking through those lenses” for signs of spiritual injury or stress. In accordance to John’s assumptive world, Chaplain Dan needs to evaluate John’s matrix of beliefs and values to determine if his system is broken; thus causing him spiritual stress and injury. This spiritual evaluation would simply consist of John answering a few questions about his current spiritual affiliation and status (Figure 1).

Recall that John revealed feelings of unworthiness in the eyes of the Church, to the extent that he no longer could bring himself to accept Communion. In response to this revelation, Chaplain Dan would recognize the spiritual stress that Dan is experiencing. John also spoke about his struggle to morally justifying his actions on duty, such as open fire combat, in relation to his personal, ethical convictions. Accordingly, Chaplain Dan would assess the moral injury that John is experiencing. Moral injury involves one’s worldview; John’s assumptive view is broken because he feels that he has violated his own belief system. It is now Chaplain Dan’s challenge to repair John’s beliefs, and change his current system, before John discards his spiritual system completely.

As most inpatients are only admitted for 3-5 days, Chaplain Dan has to act quickly in order to heal this spiritual injury. First, Chaplain Dan would document his findings in John’s

¹ Published/ Broadcast Interview: DiRaimo, John. Interviewed by John Freidah. The Providence Journal. 2011. USA. All Media.


medical record. Unlike the medical terms that a physician may use in a medical record, Chaplain Dan will use words like “encounter” to describe their meeting. Next, Chaplain Dan would refer John to a spiritual support system, such as the local pastor from the community.

If for some reason John was apprehensive to partake in this process of spiritual healing, Chaplain Dan would recount that many of his patients do, in fact, receive spiritual guidance. In actuality, most of his patients do rely on their faith, however, an increasing amount are looking toward more secular religions. This being said, Chaplain Dan may wish to remind John that it is very common for a veteran to stay in touch with the National Guard Chaplain. They form a bond when deployed, and keep this bond after returning home.

John also experiences tremendous difficulty sleeping throughout the night as he re-experiences events from his deployment. Under this circumstance, it is pertinent for Chaplain Dan to distinguish whether or not this irritation is caused by spiritual distress, or a medical mental illness. If Chaplain Dan concludes that this is not a result of spiritual injury, he will then refer John to medical personnel within the hospital. ²

² Personally Conducted Interview: Cottrell, Daniel. Interviewed by Alexandra Rawson. Individual Interview. 24 Sept. 2013

Figure 1: Spiritual Assessment

 **Template: Chaplain Assessment Note**

Spiritual Assessment:

Patients ability to participate:

Assessment not possible; reason:

Assessment Possible:

Permissions:

1) Permission to visit *

2) Permission to complete assessment: *

3) Permission to contact family: *

 Name: Phone:

4) Permission to contact local faith leader? *

 Name: Phone:

5) Permission to change religious preference? *

 Current religious preference:

6) Permission for Spiritual Care to be provided by VA Chaplain? *

Assessment:

1) Religious/spiritual participation? *

 Where:

 Frequency: 0 X DAY{S} WEEK{S} MONTH{S}

2) Spiritual practice that may affect admission? *

 List practice(s):

3) Spiritual support network available? *

 Whom:

 How:

 Frequency: 0 X DAY{S} WEEK{S} MONTH{S}

4) Spiritual injury or stress? *

 Describe:

Spiritual Implications of data:

Recommended Care Plan:

III. Linda Joslin-

Based upon John's presented symptoms and situation, he would most likely be referred to the Post Traumatic Stress Disorder Clinic, located at the Providence Veteran's Administration Medical Center. Upon his arrival at the clinic, Linda Joslin would greet him. Linda, a clerk, is essentially the head secretary of the PTSD Treatment Clinic. Based upon John's referrals or needs, Linda would schedule his appointments with one of their 16 mental health providers, consisting of MD's, PHD's, Social Workers, an NP, Psychiatrists, and Psychologists.

Appointments for the veterans vary depending on their context. Medication appointments are generally 30 minutes long, and the other sessions are typically 1 hour long. Linda may also arrange for John to attend a group therapy session. At this time, there are 8 of these therapy sessions established within their schedule. Interestingly, the groups are not organized according to the veteran's age, or the war in which they served. Rather, the groups are organized by specific conditions; for example, there is an anger management group. Linda would encourage John to consider a group session because many of the participating veterans have told her that the groups are beneficial because they benefit from being able to relate to one another, and offer advice. John would also be able to schedule individual appointments as well as these group sessions.

When entering the office, John would notice that the environment is very peaceful and quiet. This office is more sheltered from the hustle and bustle of the hospital, which is important for the veterans with PTSD because they often become tense and agitated. If John seemed rather anxious or nervous, Linda would notice. Linda places a great deal of importance in being able to see these signs as they present themselves, so that the veterans are adequately accommodated and cared for. Given his circumstances, Linda would talk with John while he waited. Linda places a great emphasis on treating each veteran as an individual. She believes there is not just one way to treat them, but many. She also says the answer to their problems cannot simply be found in a textbook. The textbook is a good place to start, but these situations involve much more. It takes personal interaction and individual assessments to really care for the veterans, and provide the specific care that they each need.

If it were the case that John had reservations about meeting with one of the mental health professionals, Linda would assure him that, under no circumstances, are the providers "pushing pills". Rather, they try to manage symptoms and regulate them, sometimes with the assistance of medication. Often, the veterans will share some of their thoughts and feelings with Linda as they wait for their appointment. John had spoken about his apprehension to receive treatment because he feared being "ostracized". In response to this, Linda would tell John to try to be accepting of his situation and to have confidence in himself for taking the initiative to get help.³

³ Personally Conducted Interview: Joslin, Linda. Interviewed by Alexandra Rawson. Individual Interview. 22 Oct. 2013

IV. Tracie Shea-

There is a strong possibility that John would be referred to Tracie Shea, a psychologist at the VA who has been practicing for 23 years. Tracie treats both wartime and non-wartime traumas, meaning that she will assess a range of topics from wartime trauma to childhood abuse. When first meeting John, she would conduct an assessment to diagnose his symptoms. During the assessment, Tracie would question John about his history, life circumstances, and religious orientation, if it were to arise in their discussion. If John were to mention his religious beliefs, Tracie would support and encourage faith as a potential facet of his healing.

One of John's greatest concerns was the difficulty he experienced when trying to sleep. For weeks John has been kept awake by night terrors, flashbacks, and anxiety. In relation to this, Tracie would explain to John the various treatment options that are available. Today, the VA emphasizes empirically supported treatments. As of right now there are 2 approaches that are strongly encouraged: trauma cognitive focus therapy, and prolonged exposure therapy. Tracie would most likely find that the pro-longed exposure therapy would be too intense for John at this time because it is too early in his treatment process to introduce this. Tracie would also suggest other alternatives, including medication and group or individual therapy sessions.

Tracie does however, have a strong appreciation for peer groups and the environment that they generate. John mentioned that he feared being "ostracized," and that he felt that no one could truly understand his debilitations. After hearing this, Tracie would suggest that he attend one of her group sessions addressing issues of guilt. The group session would help John with his feelings of being alone and misunderstood because other group members would be able to share their own experiences and relate to him. Typically, issues that arise in these groups are based on things done during deployment. There is a need for veterans like John to put their actions in wartime in context, so that they can better understand them, and come to terms with what occurred. The focus of this group on the feelings of guilt is especially fitting for John, because he is experiencing conflicting emotions about his actions on duty with relation to his moral conscience.

Speaking with Tracie, either individually or in the group, John would learn that she highly values the presence of spirituality and mindfulness as a part of the healing process. She finds that often, when issues of meaning, purpose, and morals arise, that a religious approach can be very beneficial. Tracie understands that these ideals are significant, and that they need to be addressed in order for John to move forward in his healing process. In reference to the "moral injury" that John is currently experiencing, Tracie would ask him to evaluate his values, prioritizing them in order of importance. She would also ask for him to discuss how these values may have been violated during the war.

Something else that Tracie would want to discuss with John, in relation to his current "moral-injury", would be the role of forgiveness as a part of his healing and treatment plan. It is important for Tracie to evaluate John's position on forgiveness, as well as how he might seek this in an effort to regain value and meaning in his own life and to start moving forward. Tracie might tell John about one of her patients, Ron Whitcomb, who used his treatment plan and mental health diagnosis as a way to bring meaning and closure to his wartime experiences. By sharing his own experiences with others, Ron was able to seek reconciliation and self-fulfillment by helping others. Tracie might suggest this concept

of “Post Traumatic Growth” as a means for John to justify his experience and become more accepting of it.

Tracie would encourage John to be patient with himself, as treatment for mental illnesses is a process, a life journey. It is important that John not feel alone or isolated during this time, but rather for him to find someone that he trusts and feels comfortable with, and that he talk to them whenever feelings of isolation or guilt invade his thoughts. She would tell John that there was not just one solution, but many. Also, she would ask him to always remember that there is a person beneath this diagnosis, and together, they will bring him back.⁴

V. Ron Whitcomb-

As Tracie had earlier mentioned the success of Ron Whitcomb in regards to his mental health treatment and healing experience, it might be a good idea for John to meet with him. Ron Whitcomb is the Director of Wellness Groups at the Providence Veterans’ Association, and he also leads his own peer mentor groups. Ron would most likely want to tell John his personal story in an effort to share why and how he got to where he is today. Ron might explain that he served in the Vietnam War, and experienced very debilitating PTSD. Twenty years after returning from the war, his PTSD was triggered. His symptoms of depression were so severe that often, he couldn’t even breathe. He contemplated suicide on a daily basis, and would even dream about this. Acts of voluntarism however, were his saving grace, because this helped him with his personal healing. Today, all of Ron’s work with the peer wellness groups continues to be volunteer work.

If John did decide to attend one of Ron’s peer groups, all the group members would greet him with a hug. This is a common act among Ron’s members, because it shows that they care about each other, emitting the ideals of trust and acceptance. This would be a comfort to John because he had expressed the feeling of separation from everyone around him. Ron would explain that there is nothing clinical about these sessions, there are no appointments to be made, nor are any of the sessions recorded or documented. This concept is important for John to understand because now he can fully trust that what he says will stay within the confidence of the group. This group would act like a squad to John, based solely on trust. John may also be taken aback by the amount of laughter that occurs in the group sessions; according to Ron, laughter is the best medication.

The group sessions that Ron runs are solely based on what the veterans want. They can come and go as they please. Often, they never discuss the war, except when they tell light and silly stories. Also, where and when they actually meet tends to vary. At times they will gather at each other’s homes for a cookout or meal. The main point of this group is to get the veterans out of the house, and for them to have something to look forward to. The sense of camaraderie among the members is also important because the veterans support one another, this way none of them ever feels abandoned or completely alone. Ron, as the leader, is on call 24/7, and will make himself available to all of his members whenever they are destitute or in need.

⁴ Personally Conducted Interview: Shea, Tracie. Interviewed by Alexandra Rawson. Individual Interview. 19 Nov. 2013

When revealing his inner thoughts and emotions, John revealed that he felt like no one could understand him. Ron would tell him that feeling like that is okay, and that he was right because the average person really cannot fathom what he went through: "it's like giving birth, you can't ask someone else to understand". According to Ron, all the men or women in his group are fighting an individual war, as they strive to come to terms with their wartime experiences. Ron would be totally honest with John, telling him that overcoming these demons is more difficult than anything he could possibly imagine. He would also tell John that if he truly wants to go back to his "fun, loving, and easy" self, that he has to be willing to think outside the box. When Ron was experiencing difficulty remembering who he really was, his normal self, he put his third grade picture on his desk to remind him about a less stressful time in his life.

Spiritually, John has revealed that he is experiencing difficulty accepting himself and his actions according to the moral values that the church upholds. In an effort to rectify John's spiritual uneasiness, Ron would share his spiritual perspective with John. According to Ron, his spiritual growth and the feeling that there is something bigger than himself has been imperative to his healing. Ron might suggest that John try to live in the moment, because in reality, we can only be sure about this moment, here and now. Essentially, this would help John to slowly ease his way into healing, by taking each moment, each day, one at a time, rather than putting too much pressure on himself by thinking long term. Ron would also suggest that John spend time meditating, in an effort to rediscover his former self again. In addition to this, he would suggest that John try and find the fighter that is still inside. He would ask John to try and use this inner warrior spirit to hunt down his triggers, and suppress them. Ron's spiritual strength is all from within; he meditates and uses his inner strengths to overcome his challenges. This being said, he embraces the concept that if he can survive war, he can survive its consequences. He would encourage John to embrace all of the strategies that he does. Ron believed in himself, and he also used all of his inner strengths to convince himself that there was a better life to be lived; that he was better than his diagnosis, and through his meditation and personal fulfillment, he was able to finally come to terms with himself. It is this that he would encourage John to do, to dig deep, and ignite his inner fire!

In terms of seeking help at the VA Medical Center, Ron would encourage that John take advantage of the services and programs offered. Ron would want John to know that at the VA, there is constant support and love for the veterans. John had spoken about feeling alone and withdrawn. In response to this, Ron would tell John that the physicians and workers at the VA are very welcoming and gentle, often you will see them hugging their patients, and greeting them with an encouraging and heartfelt smile. To Ron this is important because it shows how much they really care about the patients. Additionally, if John were still apprehensive about seeking medical care, Ron would offer to go with him. Often, Ron will attend sessions with other veterans and their physicians so that they can feel comfortable enough to open up in front of the clinician. ⁵

⁵ Personally Conducted Interview: Whitcomb, Ron. Interviewed by Alexandra Rawson. Individual Interview. 14 Nov. 2013

VI. Melanie Costa

If in search of a peer group, or ways to learn about the various programs that are offered to the veterans as a part of their recovery, John may meet certified peer specialist, Melanie Costa. Melanie served in the Iraq War; her troop was one of the first to serve. Today, Melanie has used this experience to mentor other veterans as a peer specialist at the Providence VA Medical Center. In order to be accepted into program you need a proven mental illness and a consult suggesting that this would help. Right now at the VA, there are about 100 veterans in program, ten of which are OIF/OEF. Every hospital in the nation needs at least 3 peer specialists.

Melanie would most likely begin by telling John about some of the many programs that are provided. Programs include mediation, yoga, music, guided meditation, visualization exercises, art therapy, photography, etc. Yoga is encouraged more than running groups because it grants the veterans the opportunity to understand their bodies better. Melanie would encourage John to consider one of these programs because they have been established to encourage the veterans to use these activities as an outlet. She would want to demonstrate for John that there is a life outside of his diagnosis. Also, John explained that he was no longer “easy and fun.” In response to this observation, Melanie would want to remind John that he is still able to have fun, and these programs would help him to do so. Melanie would also encourage John to try something new, to take a chance.

John had also mentioned that he experienced triggers from watching movies and television. Melanie would encourage John to try relaxation techniques to counteract this. Breathing exercises are extremely helpful. They can also be practiced at anytime, like while waiting for an appointment, or when feeling agitated. In regards to John’s triggers, Melanie would also suggest that he write down his stressors and feelings. She recommends a notebook because it is often easier to write down thoughts, than it is to say them out loud. She knows that some days, the veterans don’t want to talk about their fears and regrets. They sometimes will not want to relive the experiences, because doing so could push them back deeper into their symptoms. This way however, they can still get some of these emotions off their chests.

Another concern of John’s was the feeling of withdrawal and being ostracized. Melanie would be very understanding of this, knowing that for many of the veterans, self-esteem is almost completely depleted. She is well aware that there is a huge stigma about perceived weakness connected to getting help. However, in reality, she would tell John that it takes far more courage to say, “I’m getting the help that I need.”

Melanie might also wish to talk to John about the medical records and reporting regulations that have been administered. Now, the National Guard Commander of the unit does not need permission or reason from a soldier to search their medical record. This means that any medical conditions and sessions will, and must be reported. Consequently, they can medically release you more easily. Veterans are trying to get the help they need, but then they are faced with the consequences. Personally, Melanie feels that out of fairness to the veterans, the commander should need a concrete reason to view any medical files.

Knowing that John is a religious man, she would encourage him to persevere with his faith. Melanie would remind John that by talking to a priest, there is neither judgment

nor reporting involved. Additionally, Melanie strongly believes that religion/spirituality is often used in recovery because it helps ground the veterans. Also, these ideals can be used at any time of need; you can just call on religion at anytime and anywhere. Also, included in the VA's "Seven Domains of Life," is religion.

Seeing that John is currently presently struggling in his faith, Melanie would explain to him that this reaction is perfectly normal. She knows that reviving one's religion again can be difficult. She would tell him to start with tiny steps, like reading the Bible. He needs to set small attainable steps at first. According to Melanie, it is important to have spirituality to help ground you. She would tell John that he needs to believe there is something bigger out there guiding him, and that he can't just think "it's all about me" to be successful in his recovery.

Melanie would strongly encourage John to take part in the programs provided by the Providence VA Medical Center. According to her, the veterans need a combination of treatments, not just medication. She would tell John that if he relies only on medication, he would not be realistically dealing with the symptoms. She would stress that it was important for John to learn the different coping techniques, as well as the need for a combination of treatment and support. It is essential for John to get out and get involved! He needs to learn to trust again, and to mend broken relationships. Of course it would be very difficult to initiate this, but Melanie would want to help him learn the strategies necessary to succeed. John may have a diagnosis, but this diagnosis does not represent who he is. She would encourage him to learn to live with this, while remembering that he was still the same person inside. John needs to be built back up, to gain self-confidence, and to find meaning and direction in his life again. Melanie knows that he needs optimism in his life. He needs to start celebrating the little things. Even getting out of bed is a great thing... it's a start!⁶

Outside Perspectives-

VII. PTSD Clinical Staff Meeting-

I had the opportunity to visit the PTSD clinic and attend a clinical staff meeting. There were 6 staff members present in the meeting, all of which were therapists. One of the major issues that they needed to discuss was patient privacy. The problem presented was that the patients were unaware that their medical information (information from mental health sessions) is shared with the DOD. According to the "Record Sharing Agreement" substance abuse must be documented. This poses an issue for the veterans that would like to reenter the workforce, re-enlist, or would like to further pursue a military career. As a result of this mandatory reporting, some veterans have opted to not seek treatment. A veteran's medical record will be profiled/reviewed under the following circumstances: deployment, new medication (until stabilized), for certain schools, for flying aircraft, and at yearly physicals. A profile means that the record is screened into a system that will evaluate the veteran's medical stability and enact certain protocols if deemed necessary. For example, some records may showcase a "flag" that will not allow the veteran to carry a firearm. This system has been enacted because the DOD needs to know

⁶ Personally Conducted Interview: Costa, Melanie. Interviewed by Alexandra Rawson. Individual Interview. 7 Nov. 2013

the stability/health of the veterans, so that they can properly assign duties that the veterans are prepared to complete. If the veteran is unwell, the DOD needs to know, so that they are not put into a high stress environment that could be detrimental to the veteran and society. However, the veterans also have a right to know that their treatment sessions, diagnosis, and medications are not kept private. This has posed a problem for the willingness of veterans to receive care. Another issue needing resolve is that those who need the most help often cannot afford private care. In addition to this, although it is good for the DOD to be aware of the veteran's treatment, often it is those who are actively seeking treatment that are doing better than those who have abstained.⁷

VIII. Adam: Homeless Veterans Programs-

While working on the Waterfire Project, I met a gentleman named Adam. Adam works with the Homeless Veterans. Adam served in the army as well. He was released 6 years ago, and since this time has been diagnosed with PTSD. He talked about his struggle upon his return home to find a job and achieve stability. At first, he was so frustrated with the army that he refused to mention it or even list it on his resume. He said he is in a much better place now. He went back to school and earned a Masters Degree in Behavioral Studies. He explained to me that he had an amazing psychologist, to whom he attributes a great deal of his success. He also said that his psychologist placed a great deal of focus on spiritual healing. He said he spent a lot of time learning to meditate and acquiring breathing techniques. He also said that he was prescribed medication, but this was difficult to regulate. At this time, he only takes the medication on a need basis, which he said is much better, because he feared becoming addicted. He said that a large part of his healing is attributed to running. Adam is a competitive runner, and has found this to be a great outlet for him.

Adam said that on base, there was always a chaplain. He also told me that everyone would go to him/her. He said it was nice to talk to someone who wasn't yelling in your face. Adam also explained that all the soldiers enjoyed meeting with the chaplain because it was a change of pace, it was positive, and it was an optimistic outlet. Additionally he said how great and beloved the chaplains were. He also said that everyone attended Mass. He said that he is not a religious man, but he always made it to Mass while on duty, Adam told me that he has the most respect for chaplains because of the morals and optimism that they spread throughout the service members, and that they are a large part of the military experience while on duty.⁸

IX. Sr. Leslie: Providence College Anthropology

I also met with Sr. Leslie at Providence College to gain the perspective of an anthropologist for my research. I felt that her knowledge and expertise would be advantageous to my research because it would help me to consider the implications that

⁷ Personally Conducted Interview: PTSD Clinical Staff. Interviewed by Alexandra Rawson. Group Discussion. Oct 15. 2013

⁸ Personally Conducted Interview: Malek, Adam. Interviewed by Alexandra Rawson. Individual Interview. 9 Nov. 2013

my conclusions and theories may have as they are directed toward a very broad range of military personnel.

Sr. Leslie and I primarily discussed the role of faith and healing. She explained to me that it is important to consider what the members hold to be true. We also talked about faith, in belief, and having confidence in this. She explained to me that a chaplain saying daily Mass is not a therapy, but as an HPM major, I look at this as a therapy. To the patient, this is not a therapy, but rather, an expression or practice of their faith. Essentially, she explained to me that we are both coming to the same conclusion, just from a different perspective.

Sr. Leslie also said that it is important for Holy Communion to be taken directly by the person. The Sacrament of the sick is taken to those who are entering surgery or terminally ill. She told me that it is imperative to look at the actual meaning behind this. Sr. Leslie then asked me, what was the Sacrament through which the person is strengthened? Additionally, Sr. Leslie explained that for us, God could do great things. I found this to be inspiring, and I feel that if the veterans could have faith in this ideal, that they would also feel empowered and strengthened.

Sr. Leslie also reminded me that there are many alternatives outside the hospital. There are all kinds of expressions, and phrases, and labels, and for this reason; we need to know the background of the patient to know the context of their remarks. Different people have different practices and needs, and we need to be aware of the possibilities within this wide area. It is important to look at each specific situation individually, because each person has his or her own set of beliefs/practices, and not all of these are religious in nature. However, with any of these expressions, people must go in with absolute faith. As Sr. Leslie said: "faith looms large!" No matter the religion, practice, etc. faith is always there; there needs to be confidence in one's beliefs.

Sr. Leslie also quoted Clifford Geertz by stating: "Each religion affirms a suffering." Essentially, it is all about how to deal with suffering, not how to escape it. Religion needs to affirm there is a reason for what seems to not have reason. This is the affirmation of suffering. The ethical paradox lies within the difficulty of bringing together what is contradictory.

I had mentioned to Sr. Leslie that many of the veterans had found success in medication and visualization techniques. Additionally, many spoke about personal inner strength not necessarily that granted by God. Sr. Leslie told me that this is New Age. New Age is highly individualistic: self-help, self-transformation, designed by oneself. It is eclectic, meaning it chooses bits and pieces of various religious realms. Sr. Leslie informed me that New Age involves the use of meditation and visualization practices. She also explained to me that according to the Catholic faith, spirituality and religion are not divorced. The spiritual life is informed by the religious practices in which one believes.⁹

⁹ Personally Conducted Interview: Straub, Leslie. Interviewed by Alexandra Rawson. Individual Interview. 25 Nov. 2013

X. My Conclusions

I am so grateful to have had the opportunity to conduct my independent study at the Providence Veteran's Association Medical Center. This experience has allowed me to gain direct insight into the mental health treatment mechanisms that have been made available to the veterans. I now have a much deeper understanding of the challenges that our soldiers face both on and off duty, as they fight to not only defend, but to also make sense of the affects that these experiences have upon their wellness. While working at the Medical Center and speaking with all the people that I met, there were many days that I found myself conflicted by what I was learning from these encounters. The stories that I would hear of such hurt, confusion, and built up anger, would more often than not leave me feeling frustrated, and even guiltily. Until this independent study, I never fully understood what it meant to serve. However, I now realize that when we ask these soldiers to accept this duty, what we are really asking is for them to accept a challenge so great that they will be forever changed. There is no going back for them after this, their relationships, careers, personalities, perspectives change. Everything changes.

Knowing how much these men and women are struggling today, how can we continue to ask them to perform these duties? Do people have any idea what these veterans have and are going through because of war? Knowing what we do now, how can we honestly justify war? And what can we do for them? How can we help them heal? And are we doing enough and acting in their best interest? These are just a few of the many questions that have left my mind racing, as I ponder what should and can be done for our returning soldiers.

The primary focus of my independent study was to observe the current mental health treatments that are offered to the veterans. In relation to this, I wanted to evaluate the role that religious and spiritual practices played in the veterans healing process. Based upon my assessments, I would conclude that religious and/or spiritual practices are very advantageous to the veterans. They help the veterans to place their trust and confidence in a higher power. However, I also learned that a veteran most often will not simply rely on religion/ spirituality as their only mechanism of treatment. Rather, most veterans have resigned themselves to a culmination of treatments. Often, a veteran relies on a number of support mechanisms. Therefore, I would conclude that religion/spirituality is paramount to a veterans healing in addition to other treatment mechanisms such as medication, therapies, group sessions, individual counseling, etc.

This conclusion that there is a need for a combined effort is further supported by Chaplain Dan's role in relation to his initial assessment. By conducting a spiritual assessment upon admittance to the hospital, it is evident that physicians and chaplains are both actively involved in patient centered care, just in different capacities. Seemingly, the spiritual and medical assessments are equally important, because an issue that may be solved by one, could help to solve the other. For this reason, it is advantageous for them to work together for coordination purposes. Additionally, psychiatrist Tracie Shea spoke about how she will often speak to her patients about the role that religion plays in their lives. In doing so, she is able to assess their support systems. Ron Whitcomb, Melanie Hill, and Adam, all veterans themselves, also relayed to me that their religious and/or spiritual beliefs played a large part in their recovery process. However, again, they also described other mechanisms that they embraced such as peer groups, voluntarism, and programs.

XI. Recommendations-

Prior to my recommendations today, I would like to provide some background knowledge as to how I have arrived to this point in my research today. Prior to this independent study, I had the opportunity to write a research paper about a policy mandate that I wanted to see implemented as a part of the veterans debriefing protocols. With this research, I proposed that we mandate debriefing strategies to include group therapy sessions for the soldiers. It was my conviction that this would be the most cost effective solution, it was relatively simple, and the veterans would truly benefit from this. I felt that this would be ideal for the veterans because it would harness the sense of belonging and support, which at the time, I believed was all they needed. Looking back on this now, I can see how truly naïve I was to think that the answer to recovery for our veterans was as simple as group therapy sessions.

It is evident that the veterans, as a part of their recovery, must rely on a number of treatment strategies. This being said, I would like to recommend that each veteran be assigned an interdisciplinary team of professionals that would assist him or her through their recovery. Under this arrangement, the veterans' service providers would all talk to each other about this specific patient's care, assessing the veteran's progress, visits, and any need for administrative support. It would be important for this team to coordinate timely access to their services, take collective responsibility for the patient, utilize a number of therapies, coordinate care, and continuously evaluate the progress of the patient. Essentially, this is the idea of "Patient Centered Care". Now a group of people would be treating a patient together. I would propose that this team consist of a physician, social worker, chaplain, mental health worker, pharmacists, and a peer mentor. I would expect this team to be diverse, so that everyone would be able to contribute unique strengths and expertise for coordinated care. Additionally, the members could offer each other support, so that it is ensured that the patient will receive personalized, proactive care at the right time; meaning the patient is never lost in the system. With this team, I would intend for the veteran to receive more consistent care that would be carefully and thoroughly tracked, and be implemented to accommodate for the specific needs of each individual.

Another recommendation that I would make would be for the medical professionals working at the VA Medical Center to recognize the presence of spirituality and religion more substantially. At the Providence facility, there are only 2 chaplains for 4,200 patients. With this said, it makes it very difficult for the chaplains to conduct all of the spiritual assessments. I would recommend that the nurses, social workers, and physicians all receive training that would enable them to also assist in these types of assessments, and to recognize when it becomes necessary to make a referral to the chaplain. I therefore recommend that we implement mandatory training to recognize spiritual stress on a broader level.

In terms of the veteran's medical records, I would recommend that privacy safeguards be put in place. At the present time, the commander of a unit does not need permission or reason from a soldier to search their medical record. This means that they can easily medically release enlisted personnel. Veterans are trying to get the help, but they suffer the consequences. I would suggest that the commander need a concrete reason to search a file. Additionally, I would like to recommend that there be an approval process. The

commander should have to file a written statement explaining why and how this information will be used, and this should be approved prior to releasing the record. I strongly believe that the soldiers that have taken the time and initiative to seek treatment should not be punished for doing so. If we continue to alienate the veterans that are being proactive in their treatments, this will only dissuade them to get the treatment they need, which, in my opinion, would be far more detrimental.

Through my study, something that has deeply impressed me is how far a simple smile or kind gesture can go. While speaking with Linda, she talked about how important it is to greet the veterans and treat them all individually, with kindness and respect. Ron also explained to me that when he was at his lowest point, it was amazing how a simple smile would totally change his entire day. On a partisan level, I think that we all need to make note of this. The soldier's decision to serve needs to be regarded as a noble act of valor and pride. Fittingly, society needs to carry the burdens that the veterans face upon arrival home along with them. This should be a shared responsibility. Unfortunately, today many feel awkward, and are unaware of how to approach service men and women, and even the war itself. I suggest that we need to break down this barrier, and be more open-minded. It is time for us all to appreciate and honor the veterans. We must give back to them now, and try to share in their experience and their reintegration home. It might be as simple as a hello, or just smile, but this show of gratitude, would really go a long way. For what these soldiers have been through, this is the least we can do for them!

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