Teaching Military Cultural Competency to Clinicians and Clinical Students: Assessing Impact and Effectiveness

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Abstract

Military members, veterans, and their families belong to a unique American subculture. Studies have identified the need for mental health professionals to attain military cultural competency to practice more effectively within this subculture. As an 88-year-old counseling and training agency with a record of service to the military/veteran communities, it was appropriate that Council for Relationships commit to providing training in military culture for its therapists and students. From 2017 to 2019, the course highlighted in this paper was part of an approved Institutional Review Board (IRB) study intended to assess the success of graduate-level instructional activities focused on promoting participants' military and veteran-related cultural competency. This article includes an evaluation of the 2013–14 four-day training on military culture that preceded the course. In both, the unique cultural factors associated with military and veteran service were addressed within the context of evidence-based behavioral health treatment. A survey of the four-day participant training and qualitative interview follow-ups revealed that information about the military and its impact on veterans and families promoted changes in attitudes, knowledge, and clinical practice for both experienced and newly trained clinicians. These findings were replicated in the three-year evaluation results. This assessment provides valuable insight about military culture training for practicing and future mental health clinicians. Since there is very little information available in the literature on successful military culture competency training, sharing these results with the broader military and academic communities will give others information on the important components of effective training programs for clinicians, thus, potentially improving therapeutic services to these populations.

Introduction

Culture Defined

The culture of an organization is defined by its values, customs, rules, traditions, and unique language (Koenig et al., 2014). Military culture, including service specific subcultures, is comprised of implicit values and beliefs shared through specific rituals and customs and reflected in organizational traditions. Military culture is transmitted through training and experiences that are integrated into the service members' mind, body, and spirit, often enduring into civilian life after completing military service.

Why Military Culture Matters

Military members, veterans, and their families belong to a distinct and multidimensional American subculture (Martin et al., 2016) defined by shared values, rules, observances, and routines (Koenig et al., 2014). Yet this culture is not monolithic (Mackenzie et al., 2018). The diversity within this military/veteran subculture is reflected in the unique military missions and lifestyle differences within as well as across the various service components and various US military branches (i.e., the Air Force, Army, Navy, Marine Corps, Coast Guard, and newly created Space Force) (Zimmerman et al., 2019). This diversity, an amalgamation of overlapping, interrelated and sometimes conflicting subcultures (Goodale et al., 2012), is supported by the different recruitment and selection criteria used by the various branches of the military for meeting personnel levels and skill requirements. For example, members of the Marine Corps are more likely to be younger and serving in some type of direct combat specialty that requires significant physical capacities, while members of the Air Force are more likely to be older, many with college degrees, and mostly trained in some type of technical skill. The Army and Navy are the largest branches, and they reflect the widest array of occupational specialties required to support their varied and numerous missions.

While there is great diversity among the various sectors of our armed forces, there are implicit cultural values and beliefs shared within and across all components and service branches. For example, the concept of *service before self*,

represents a core military value that stresses integrity and requires service members to place their duty responsibilities before their own personal interests and desires. Many of these core values are ingrained early in military service and remain with military members and their families even after transitioning from military service to veteran status. While basic training focuses on training recruits in military values and customs, no comparable training returns service members to the civilian world when they leave the military (Koenig et al., 2014). These values and cultural beliefs typically become a part of the veteran's identity. Aspects of this identity, the warrior ethos, and training for success "outside the wire" (outside the base in a combat area or in operational environments) can lead to behavior that is normal in a combat environment but abnormal in the civilian world. Such behaviors sometimes precipitate a reverse culture shock when veterans return to civilian status (Koenig et al., 2014).

The Importance of Military Cultural Competence

Numerous studies have identified the need for behavioral health professionals to acquire what is referred to as "military/veteran cultural competence" to effectively engage with this population (Nedegaard & Zwilling, 2017; Kilpatrick et al., 2011; Petrovich, 2012; Meyer et al., 2016). Behavioral health providers who seek this cultural competence strive to recognize the diversity that exists within the US armed forces while at the same time become familiar with the core values that anchor military/veteran culture. Culturally-competent clinicians understand the importance of learning to recognize how a client's life experiences and/or relationships have been impacted by military service and/or veteran status (Meyer et al, 2017). This competency includes developing an understanding of the basics of military life and language (Hall 2011) and the impact of military lifestyles and military duties on behavioral and physical health, especially combat-related exposures, family separations, and various workplace challenges confronting the armed forces—issues like sexual violence, addiction, and suicide. Competent behavioral health providers understand that military cultural competence promotes improved mental health outcomes for military and veteran clients (Hoge 2011).

Service members, veterans, and military/veteran-connected family members seeking assistance have a basic expectation of behavioral health providers—that they recognize and acknowledge their client's military service and that they appropriately use this knowledge to inform treatment (Cogan, 2011; Lighthall, 2010). Service members, veterans, and military/veteran-connected family members expect that providers will have a basic cultural appreciation, understanding, and interest in their military/veteran-related experiences and how these experiences may have influenced their lives (and the lives of those they love) both positively and negatively (Meyer et al., 2017). They expect behavioral health providers to be competent and caring professionals who are able—when invited—to listen to their experiences, even when these stories may be horrific and painful (Martin et al., 2016). Everyone's life experiences are unique, including the military member/veteran experiences. It is critical that behavioral health providers recognize this and not let their own personal biases interfere with their understanding of a military/veteran-connected client and the client's unique military duty and/or military life experiences. From the discussions at the beginning of the course each year it is clear that military culture evokes strong feelings in many of the students. Their lack of familiarity with people who have served and often their distaste for war have frequently given them images of veterans that could, if not addressed, impact the client-therapist relationship (Gross, 2019).

In support of these military/veteran cultural competency goals, the Council for Relationships (CFR), a community-based mental health agency serving the greater Philadelphia region, has taken on the specific mission to promote awareness, knowledge, and the practice of skills related to the mental healthcare needs of the military/veteran population. CFR's primary focus is directed at improving clients' (individuals, couples, family systems) interpersonal relationships by providing exemplary "talk" therapy, as well as educating and training clinicians in family systems approaches[1] (B. Hollander-Goldfein (personal communication, March 10, 2021; Nichols & Davis, 2016; Gurman et al., 2015), and by advancing behavioral health practice through research and evaluation. CFR has a long history as a training center in marriage and family therapy, as well as a distinguished record of service since the end of World War II to the military and veteran communities.

Recognizing the behavioral health needs of veterans and their families in the Philadelphia region, CFR initiated a specific veteran-focused initiative in 2007—Operation Home and Healing (OHH)[2]—focused on assisting veterans and their families by promoting emotional healing and assisting veteran and veteran-connected clients to become better partners, parents, family members, and community members. In addition to private counseling, OHH focuses on promoting military/veteran culturally-competent clinical education and clinician skill building. While the primary focus is on the veteran (and veteran-connected family members), services are also available for those currently serving in the military, and in particular, for members of the National Guard and other Reserve Component branches and their family members.

From the beginning of the OHH program, CFR offered a five-hour introductory workshop in military culture to CFR staff. The CFR commitment to clinical training in military/veteran cultural competency further evolved in 2013–14 because of a four-day mental health training course highlighting military/veteran culture. In 2012, CFR received a specific grant from The Helen Bader Foundation[3] to provide training for clinicians on the topic of military/veteran cultural competency. Over the past several years, and supported by OHH, CFR's continuing education programs have offered local area behavioral health providers educational seminars focused on promoting military/veteran cultural competency.

Around the same time as the four-day behavioral health training program, a study by the RAND corporation, "Community-Based Provider Capacity to Deliver Culturally Competent, Quality Mental Health Care to Veterans and Their Families" (Tanielian et al., 2014), reported that only 13% of the community-based providers surveyed were viewed as ready to deliver high quality, evidenced-based, culturally-competent behavioral health care to veterans and their families (Tanielian et al., p. 18). Following this study, and the impact from the OHH training program, CFR made a commitment to provide clients with behavioral health therapists who are both knowledgeable about military/veteran culture and who utilize CFR's intake screening procedures to identify veterans and family members seeking CFR counseling services. These CFR program initiatives, coupled with CFR's counseling services that rely on evidenced-based treatment modalities, continue to provide a high level of service to military and veteran clients in this region.

To accomplish the goal of educating therapists who are knowledgeable regarding military/veteran culture, CFR made a commitment to require that all students in its Commission on Accreditation for Marriage and Family Therapy Education postgraduate certificate program receive training in military/veteran cultural competency. The first 15-hour course was conducted in June 2017. This course was made available to all agency staff, as well as non-CFR behavioral health clinicians in the Philadelphia region. Clinical students enrolled in CFR's Master's in Couples and Family Therapy program at Jefferson University[4] were also invited to participate in this course. The course is based on a generic syllabus for introducing therapists to military culture. It is designed for clinicians who engage in couple and family therapy using a systems perspective and whose clients are not primarily composed of veterans.

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[1]CFR therapists are grounded in the Systemic Model of Therapy. The foundation of Systemic Therapy is an understanding that the psychosocial development of individuals is based on the primary influence of relationships combined with genetic predisposition and innate potential. This approach assumes that the etiology of an individual's emotional problems stems from the quality of family attachment experiences that influence coping and adaptation in adulthood. Psychological difficulties that result from challenging adult experiences are influenced by the developmental history of key relationships that determine the emotional, cognitive, and behavioral functioning of the adult and are expressed within the relationships that are primary in the adult's life. Therefore, Systems Therapy focuses on significant relationships past and present to help individuals work through their difficulties and achieve change. This therapy model is relevant in working with veterans and their families who are best served by focusing on current relationships and family of origin influences to help work through the impact of their military experiences.

[2]The first author of this paper, CFR's Director of OHH, created and teaches the Understanding Military Culture course. In addition, with an advisory team she planned the four-day training program. The second author serves on the OHH advisory committee for CFR and was involved in planning the four-day training.

[3]Subsequent grants to OHH were from this foundation's successor, The Bader Philanthropies.

[4]The Couple and Family Therapy Master's degree program is a unique collaboration between CFR and Thomas Jefferson University's College of Health Professions. It is a full-time, two-year, 66-credit program, which is modeled on the core curriculum developed by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). CFR administers the program, teaches its courses, and supervises the students in their clinical internships.

This article discusses both the OHH military/veteran cultural competency continuing education initiatives, as well as the CFR fifteen-hour postgraduate course titled *Understanding Military Culture and Behavioral Health Treatment for Veterans and their Families*. In both the continuing education initiative, as well as the postgraduate course, the unique cultural factors associated with military service and veterans' status are addressed within the context of evidence-based behavioral health treatments.

Insights learned from these two principal OHH endeavors are discussed in the hope that they will add value for those looking to develop and/or enhance their own training efforts. Some of the limitations of these OHH initiatives are also noted. Finally, there is a discussion of the Council's plans for moving forward, addressing both the evolving nature of military and veteran experiences, as well as advances in related behavioral health treatments and the impact of these advances on the services offered by the Council.

The Foundation of the CFR Training Program — The First Initiative

"Helping Vets Get Help": A Four-Day Training Program in Military Cultural Competency

The CFR commitment to offer yearly in-depth clinical training in military cultural competency evolved from a 2013–14 CFR four-day training course, *Helping Vets Get Help: Training Therapists Who Work with Veterans and Their Families*, which highlighted military culture.

This intensive training program focused on enhancing clinician knowledge and skills for serving veterans and their families by educating clinicians on important aspects of military culture and about basic behavioral health concerns for veterans and their families. The training program presenters were CFR staff as well as national experts in military culture, behavioral health problems and treatments, and aspects of trauma associated with military service.

The goals of the program focused on imparting to participants an understanding of military culture and structure. Specifically, these clinicians learned about the challenges and the problems facing active-duty service members including issues associated with post-deployment challenges. Since the participants were experienced therapists, seminar presenters concentrated on the distinct military aspects of these issues. Topics included challenges facing families and successful treatment approaches; suicide and suicide prevention; the impact of trauma on veterans and their families; marital and partner relationship challenges; infidelity; depression; reintegration; and the unique issues facing members of the National Guard and other reservists.

A total of 89 clinicians and advanced clinical students participated in this training. The majority (63%) of the clinicians were staff members of the CFR or students enrolled in CFR's two postgraduate programs. The remainder were clinicians in private practice or with other local agencies. No other demographic information was collected on the training participants.

Evaluation of the Training Experience

A year and a half after completion of the training program, a survey was sent to 77 of the original 89 participants (those with current/known contact information). The evaluation was an initiative of a new OHH director who wanted to understand the impact of the earlier training.

The survey was posted on Qualtrics in June 2015 and included 26 content questions about the training material and sessions along with 10 demographic questions. Survey questions included: whether training met the goals listed; how respondents rated the quality of various training components; and whether the training had an impact on their practice. Answers were placed on a Likert scale. All answers were tabulated through Qualtrics. Thirty-nine of the participants (roughly 50%) completed the voluntary self-assessment survey. In addition to the 39 survey responses, nine respondents were interviewed in-person or over the phone to gain additional insight into the training program's strengths and weaknesses. The nine individuals volunteered to be interviewed from the 39 who participated in the survey. The interviewees mirrored the original distribution of agency affiliation between CFR clinicians and its students versus those from other agencies or private practices.

The demographics of the survey participants closely reflected the demographics of the CFR's staff members who comprised the bulk of the training program attendees. The majority (67%) were women, while just over half of the attendees (51%), were over 55 years old. The rest of the participants were fairly evenly distributed among three age categories: 25–35, 36–45, and 46–55 years old. The racial demographic characteristics of the attendees were: Hispanic (3%), African-American (5%), and white (92%). Slightly more than half (55%) of survey respondents were employed full-time and 8% were unemployed.

The participants were mostly clinicians with master's or doctoral degrees. Three of the 39 respondents were students in the Post Graduate Certificate Program in Couple and Family Therapy or the master's degree in Couple and Family Therapy at Jefferson University. The majority of the participants (59%) held either an MSW/MSS or an MA/MS degree, 2% held a BA degree, and 39% either had obtained or were working toward their doctorate.

The respondents primarily represent four professions: psychologists, social workers, marriage and family therapists, and psychiatrists. Not surprising given the CFR's focus on training marriage and family therapists, 59% of the respondents were marriage and family therapists (MFTs). Over half of the MFT respondents were not yet licensed as therapists. Licensed psychologists (21%) and licensed social workers (25%) represented 46% of the total group. A small percentage of the survey participants (5%) were psychiatrists and 15% listed other professions (e.g., professional counselor, lawyer, sex therapist, American Association of Marriage and Family Therapists supervisors).

Most of the respondents had either been in clinical practice less than ten years (51%) or more than 20 years (33%). These demographics reflected the makeup of CFR: seasoned staff, trainees, and newly practicing professionals. Most of the respondents (61%) attended all four sessions and almost 80% attended at least three sessions.

Results of the Survey

Strong majorities, ranging from 87% to 100% either *agreed* or *strongly agreed* that the training had achieved important educational goals. Given the range of experience among the participants, the overwhelming support for the effectiveness and appropriate level of training is remarkable. This finding may be the result of a lack of knowledge on this topic among all the participants regardless of experience. It also may be a result of the training decision to assume that the participants were experienced clinicians and to focus the training on the unique clinical challenges presented by military/veteran populations.

The evaluation findings suggested that the training changed the professional behavior of many of the attendees, with 61% indicating that they had changed their own practice activities to encourage military members, veterans, and their families to use their services. A slightly smaller number (54%) said that they now regularly screen for military/veteran status or connections. Thus, a substantial number of clinicians, over half, who replied to the survey noted that the training changed their clinical behaviors and enhanced their interactions with veteran clients and family members. However, one quarter still were not screening clients for military/veteran status or connections. Since CFR, as an agency, screens for military/veteran status, the respondents who are CFR affiliated may have benefited from this agency-wide procedure. Further research on the impact of training clinicians may yield additional methods of changing clinician attitudes and behaviors.

The survey highlighted specific content and techniques that are important to include when presenting new material to clinicians. Moreover, the survey responses demonstrated that a well-designed program can benefit participants with diverse years of experience and professional/educational backgrounds.

Qualitative Interviews

To learn more about the participants' post-training views and to expand on some of the questions asked in the survey, nine respondents were interviewed in brief in-person or phone interviews. These interviewees had indicated on the survey their willingness to be interviewed, and they had attended the full four days of training and spoke in very positive terms about the training experience. Selection bias is always a factor to consider. However, in this case 90% of all the survey responses from the total agreed or strongly agreed that the training achieved its educational goals.

Summary of the Findings from the Qualitative Interviews

The interviewees valued the following characteristics of the training program: the clarity and quality of the military and academic presenters; the videos about military experiences especially on the effects of war and combat; and information that enhanced their understanding of the deployment experience and the effects of these experiences on the family. Information about basic military structures, the different branches and vocabulary, and the unique aspects of more recent wars was also seen as helpful. Specific implications for clinicians, such as how aspects of Posttraumatic Stress Disorder (PTSD) may differ for this particular population, and information on the impacts on families, specifically the impact of multiple deployments, were all noted as important information for clinical practice.

The evaluation of CFR's 2013–14 training helped CFR structure its new course on understanding military culture. The survey highlighted content and techniques that were important to include when presenting material on this topic to clinicians. Moreover, the survey and interview responses demonstrated that a well-designed program can benefit participants with varying years of experience and professional/educational backgrounds.

The Second Initiative, Understanding Military Culture and Behavioral Health Treatment for Active Military/Veterans and Family Members, Deepens the Training Experience

This training experience was a 15-hour minicourse in the Post Graduate Certificate Program in Marriage and Family Therapy accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). The course offered 15 continuing education credits to licensed behavioral health clinicians.

The course focused on the unique cultural factors associated with military service and veteran's status in the context of behavioral health treatment. The acute and chronic stressors that often accompany military duties and lifestyle, and the challenges associated with veteran reintegration into civilian life were examined within a framework of clinical behavioral health practice. The tension between empathy and vulnerability within the therapeutic relationship, and a culture in which vulnerability and help-seeking are often perceived to be stigmatizing, was explored during the course in order to identify potential client and systemic barriers clinicians face in treating this unique and diverse population. Topics included stressors related to the military deployment cycle, reintegration, women in the service, as well as post-deployment challenges, grief and loss, suicide, moral injury, military sexual trauma, PTSD, traumatic brain injury, intimate partner violence, substance use disorder, and intergenerational trauma through the lens of the impact of military culture and experiences.

The students were behavioral health professionals, mostly at the master's level, and from various disciplines seeking to become credentialed as MFTs. Participant ages ranged from early adulthood to middle age. The course was open to master's students in the CFR training program and students in Jefferson University's Couple and Family Therapy course. Some CFR staff clinicians also participated in the annual course, as did several non-CFR therapists over the course of three years.

There were five main goals of the course. First, to identify and examine potential military-related prejudices and biases. Second, to understand the impact of military culture on service members, veterans, and/or military connected family members and their sense of self, others, and worldview. Third, to identify how a military ethos may contribute to stress, stigma, help-seeking, and behavioral health behaviors. Fourth, to analyze particular military duty and lifestyle stressors related to behavioral health issues. And fifth, to explore the research on problems related to military service and identify the unique behavioral health needs of military/veteran personnel and military connected family members**.**

The course focused on the unique cultural factors associated with military service and veteran's status with regard to establishing and sustaining effective clinical relationships. The role of both acute and chronic stressors that accompany military life and reintegration into civilian life were examined. The tension between empathy and vulnerability within the therapeutic relationship, as well as a culture in which vulnerability and help-seeking are often perceived to be stigmatizing, was explored to identify the potential client and systemic barriers clinicians often face in providing mental health counseling to this population.

Each year a small number of postgraduate students enrolled in the course for credit (nine in 2017, six in 2018, and four in 2020). Over the three years the total enrollment for all three classes, including auditors, was 35.[5]

The course included an evaluation component (part of an IRB-sanctioned study[6]) intended to examine the success of graduate-level instructional activities that focused on promoting participants' military and veteran-connected cultural competency in preparation for clinical practice. The evaluation study included a pre- and postmilitary cultural competency checklist, a participant focus group, and a follow-up qualitative interview six months later. Students participated in class

[5]Specifically, in 2017 enrollment was 11; in 2018 it was 14; in 2019 it was 10.

[6]Both IRB projects in this article were approved by Bryn Mawr College, Bryn Mawr, PA.

discussions at the end of the course that centered on their perceptions of how various components of the course influenced changes in their personal/professional views regarding a range of military and veteran issues. In addition, the six-month follow-up interview explored the impact of the course experience on the clinician's subsequent practice behaviors. Each year the findings from this multidimensional assessment have been used to modify the subsequent years' course materials.

Methodology

As previously noted, three evaluation instruments were used in the class each year to measure the impact of the course on participants' knowledge about military culture and their comfort with counseling veterans.

The bias checklist was developed by the Center for Deployment Psychology (CDP) and used in their online course, *Military Culture: Core Competencies for Health Professionals* (Center for Deployment Psychology, n.d.) The CDP created this self-assessment checklist to enable healthcare providers to identify the assumptions they bring to their work with the military or veteran community with the goal of shifting implicit bias about military culture to explicit awareness.[7]

As part of the CFR training, the first time the course was taught each student completed the CDP self-assessment prior to the first day of class and then completed a reassessment on the last day of class. A focus group held after the completion of the second assessment concentrated on general responses and changes to the assessment and on the impact of the course experience on student attitudes and practices.

Six months after the class ended students were invited by email to participate in a short interview on the impact of the class on their practice. The course instructor (and lead author) followed up the email invitation with phone calls until four students in each class agreed to be interviewed. Interview questions centered on routine screening and military history taking for veterans and families; familiarity with military terms and information; retention of military/veteran clients; and how and why the course information impacted their clinical practice. Interviews were taped but not transcribed.

The CDP self-assessment bias checklist was intended to reflect stereotypic images about the military and service members and their families. These items were meant to challenge current beliefs and attitudes. In the second year of the course the checklist was slightly modified to better relate to the material in the course.

Findings: The Survey Instrument

Self-Assessment Test for Bias

The CDP self-assessment checklist, originally intended as a quantitative measure of change in attitudes toward the military, did not provide useful information (even when tailored in the second year of the course to better fit the course material). The original bias checklist items reflected stereotypic images about the military, service members and their families, beliefs about war and were meant to challenge beliefs and attitudes about them. The items did not reflect the material covered in the course and so did not illuminate potential bias that clinicians could hold that could interfere with the client-clinician relationship. This lack of usefulness as a quantitative measure was also experienced by educators at the CDP and the measure has not been further developed. However, in all three years the statements of bias on the checklist did stimulate useful class discussions around stereotypes—especially in the three focus group discussions.

The Focus Groups

During the fourth and final class session each year, the last 30 minutes were devoted to a focus group discussion. Students had been presented earlier with the general questions that would be discussed. Each year the focus group was taped and a transcript was created of the discussion. The focus group questions were:

1. Overall did your views on military personnel and veterans change from those you held before the class started? Why or why not?
2. Please give an example of a change in your viewpoint.
3. Which part of the class materials made the biggest impact on changing your attitudes: the readings, the videos, or the class discussions?
4. Why did the teaching strategy you just identified have such an impact?

[7]Private email from Richard Westphal, Ph.D., RN, PMHCNS/NP-BC, department chair for Family, Community, & Mental Health Services, UVA School of Nursing, one of the creators of the checklist. Dated: 9-17-17.

5. How will the material you learned in this class help you with counseling the military/veteran community in the future?

The focus group discussion revolved around three issues: confidence gained from the course information for working with veterans and their families; the change in their attitudes toward the military and veterans resulting from taking the course; and the lack of clarity in the bias assessment statements. The students commented that it was difficult for them to rate their answers because the terms used in these statements were unclear. As noted earlier, after three years of trying to use the self-assessment checklist as a measure of bias, including revising it after the first year to try to tailor it more to the course content, it became clear from the student discussions that the instrument itself did not provide a quantitative[8] measure to stimulate discussion and expand student thinking around bias. Still, some individual items were useful within the context of the focus group discussions.

Reflecting on the impact of the course, many students in each year felt that their personal opinions on war and serving in the military had become more nuanced as the class progressed and/or that they were now better aware of their own attitudes and personal biases. They attributed these changes to their enhanced understanding of the factors associated with military culture—factors that impact clinical work with veterans and associated family members. The examples given in the class about the various military/veteran and related family situations helped clarify and/or expand their understanding.

The heterogeneity of the veteran population became clear through class material. Students stated that their ideas were no longer simply "black and white" about the military. Of note, a few of the students in each class were veteran-connected family members as were the instructors. The sharing of their personal experiences about what it was like to be married to someone in the military or to be a child or parent of a service member appeared to foster empathy and seemed to create an openness toward future counseling with this population. One student commented:

> The whole point of this class is that no two situations are the same, you can never know what that person experienced, and you must have unqualified empathy…At the same time, I'm aware that it's important to be aware of my own personal stuff.

Another student stated:

> After taking the class, and throughout the [course], I was able to take all these different perspectives in…It allowed me to kind of open up and be okay about actually thinking about this and feeling comfortable about it and having empathy, and also just accepting that war today is part of our human condition, and that vets and families are part of our society.

A third student noted the relevancy of the course to her current practice:

> You know the way that she said in the beginning people's eye glaze over when you talk about the military? That is definitely me. Eyes glaze over; I really don't want to know anything about this. This is about killing; this is about government; this is about coercion. So, to humanize that and to break it down into…the impact…on real men and women, who serve, why they serve, and the effects…on them, was a real eye-opener. And then just coincidentally, getting a case yesterday with a military family suddenly brought the whole thing home to me, very relevant, and suddenly I'm like all ears. So, it's just quite a difference from where I was at the beginning.

The course gave the students information about conditions and mental health issues that they did not normally receive in their postgraduate curriculum such as characteristics about traumatic brain injury, moral injury, and military sexual trauma. Students remarked that covering this material gave them a framework to know what to explore, to understand what questions to ask, and to know how to better support the clients. They noted that the myth that "everyone comes out of the military with PTSD" was dispelled during the course. They gained a fuller understanding of why people join the military and gave them a different perspective on service members and veterans.

[8]We used a five-item Likert scale for each statement on the checklist. This allowed us to use quantitative methods to analyze the students' responses.

As one student declared:

> I feel like I very much was walking around with that stereotype like there are no other options for these folks, they're just in such a deep situation that this is their only out. And for some people, yes, they have those pre-traumas, but for a lot of folks they are in a fine situation, they actually just want to go invest in their education. And then the other part that was really shocking to me is that with PTSD we only actually see that in 20% of vets, and I thought that was everybody that comes out of a combat situation, which isn't true.

Another student noted that:

> Even just asking the question: Have you served? Of course, developing rapport is very important, but I wasn't trained to ask "have you served" in my training… and then also learning… the unique nuances of military life and military culture. Certain things, like how military sexual trauma is different than incidences of sexual harassment or trauma…in a civilian workplace, learning those kinds of differences, learning differences in domestic violence situations, how a military family might be different, those kinds of responses, was helpful just to apply…the knowledge that I've already accumulated is more nuanced and more specific.

Follow-Up Six-Month Interviews

Over three years, a total of 12 students, four each year, volunteered to be interviewed roughly six months after taking the course. The interviews focused on the impact of the course on subsequent practice. Volunteers were solicited by email until the number of four was reached each year. Since class sizes were small, four interviews represented a reasonable percentage of the enrolled students (44%, 66%, and 100%).

The interviews lasted up to 30 minutes in length. Interviews were conducted either in-person or on the phone. Oral consent was given, and the interviews were recorded on a digital tape recorder. Questions on the semi-structured interview guide asked about the clinician's routine screening and military history taking in their clinical practice. The interviewees were asked if the course increased their understanding of terminology associated with military/veteran issues; about the impact of the course material on their clinical practice; and whether the class videos, materials, and class discussions were helpful.

Findings

Findings from these interviews support comments made during the focus group at the last class session of each course. No discernable differences were noted among the responses from the members of the three classes. This is probably because all the students were enrolled in CFR's postgraduate courses and interning at CFR. Thus, they had all experienced one or two years of classes and clinical supervision given by CFR staff who follow a systemic model of therapy. Findings from these interviews can be aggregated into five categories.

1. Routine checking of clients for military or veteran status is important and affirms the value of the systemic framework that is a key element to the mission of the agency. Ten of the 12 interviewees stated that after taking the class they routinely screened clients for military service. Some remarked that they paid more attention to the agency's registration form on which there was a box for the client to check veteran status. Two interviewees reported that they did not look at the box on the registration form asking about veteran connections. They also noted that none of their clients mentioned having any military connection.

One interviewee stated regarding the importance of asking about military experience, "I am more aware of it [military experience] as something that's systemically important considering how much the military family is affected." A second student noted that after taking the course she is more mindful of the experience of military culture as a process or way for clients to express their feelings and that it has a role in a client's development and relationships.

2. Knowledge about military culture promoted the clinician's comfort with veterans as clients. The students noted that knowing what questions to ask and what the military terms meant gave them a level of comfort in working with the military community clients. A student who had decided prior to taking the course not to work with military or veteran clients due to his beliefs and values changed his perspective. He remarked in the interview, "You realize that there is more than I have experienced; different perspectives

or interactions and I saw that my own hang-ups shouldn't hinder me from helping others."

Another student stated that in gaining familiarity with the military vocabulary she was able to lessen "the barrier" between her and her military clients. She continued, "It gave me the insight that you don't have to be military to help a military person. You have to be present and attuned, open and curious and have deep respect for intergenerational issues of transmission of trauma."

3. The students noted that it was helpful to understand the cultural stigma that these clients face in reaching out to therapists for counseling. In the interviews, the students remarked that the course gave them an understanding and appreciation of the challenges faced by service members, veterans, and family members. A student noted that she realized that the "military experience was a bigger piece of the puzzle" for a family that she was currently counseling. She and others stated that they would not have understood the impact of military service on the family dynamics and/or help-seeking prior to the course.

4. Understanding military culture addressed an intimidation factor that the students felt at the beginning of the course. The course dispelled preconceptions that the students held about the military. They gained an understanding of the values that informed their clients' identities and key factors that could impact their military clients' behavioral and relational difficulties. Several students noted that the course broadened their perspective on how they viewed military or veteran clients; specifically, why understanding military culture is important for mental health professionals and how it may shape the behavior of the client. One student stated the course taught her,

> how to speak with veterans in the most respectful way. I had always heard people say there's one question you never ask a veteran (e.g., "did you ever kill anyone?") and I didn't know what that question was—it was really helpful to know what not to ask.

Students echoed similar thoughts in several interviews:

> I had a lot of trepidation about working with this population, my perceived notions were that there was a lot of trauma that existed in this population that I wouldn't be qualified or helpful because of my inexperience and lack of specialty in that area but watching the videos it was impressive that even having therapists outside of…therapists without military experience can be helpful to them and so many of the military and veterans on the videos had positive experiences with clients and not so specialized treatment that I don't have to shy away from it.

Another student supported this view, claiming that the material in the course from a civilian professional's "viewpoint revealed key insights, made the material easier to absorb, and encouraged empathy and a sense of the terrain and signposts that therapists need to recognize."

5. Finally, several respondents mentioned a number of specific components of the course that were the most helpful. They included pragmatic discussions that contained structured questions to ask when working with military clients with specific problems around trauma including military sexual trauma, intimate partner violence, PTSD, and behavioral health issues as well as what signs and symptoms might be present. In addition, each student received a folder containing articles to read, information about additional resources, handouts on military culture and language, and useful infographics on military culture versus civilian culture for different conditions such as moral injury to PTSD, challenges faced during deployment, military grief for children.

Insights from the Student Interviews

During the follow-up interviews, students offered recommendations to improve the quality and impact of the course. One suggestion was to add more case studies of veterans facing behavioral health challenges. Case studies are a way to actively engage the students in learning and applying the material they have absorbed in class to realistic situations. Each class session now contains at least one case study.

A second suggestion focused on the discomfort that students felt when starting the course. One interviewee characterized this as feeling "resistant and intimidated" to learn about this particular population. The student suggested starting the first class session with an exercise in which each student partners with another to discuss their fears, biases, and personal issues about participating in this course. Following this brief exercise students are then asked

to share some part of the discussion of what they learned about themselves with the entire class.

Another recommendation centered on the value of exposure in the course to someone who had actively served in the military. In this course over the three years, the participation of someone with an identified military-related background included the co-instructor, who had served as a chaplain in the National Guard for over two decades, and students who had parents, spouses, or siblings who had served. The "lived experiences" that they were able to contribute to the course added a richness to the class discussions.

Future CFR Plans to Train Professionals

The positive impact on students and training participants of specialized training in military culture has reinforced the commitment of CFR to continue to provide military/veteran cultural competency training. Every year, a half day or whole day training on specific relevant topics has been provided by CFR to clinicians and other professionals in the region. Presentation topics to date have focused on PTSD, suicide, military sexual trauma, reintegration, and moral injury. In the last three years, 130 individuals, including CFR staff and other professionals from the region have participated in these training sessions.

In addition, OHH personnel have begun training clergy and students in seminaries in the Philadelphia region to understand military culture in the context of pastoral care. These courses are either a 42-hour intensive version of the 15-hour CFR course for seminary students or a shortened three-hour workshop version presented to working clergy. The courses and workshops build from the premise that clergy are "first responders" to the veteran population, administering to their needs because veterans and their families are likely to join and participate in religious institutions following service.

Finally, the authors are committed to developing a bias questionnaire to use before and after each course to uncover stereotypes and misinformation about service members and/or veterans. Wording will be reviewed to remove response bias (acquiescence) from the process. Post-evaluation questions will also be reviewed and modified to avoid response bias.

Conclusion

Over the past seven years, CFR has conducted two substantial training programs for clinicians working with the military and veteran populations. Both programs, the four-day clinician training, and the three 15-hour postgraduate course had positive impacts on the participants. A survey of the four-day training and subsequent qualitative interview follow-ups revealed that information about the military and its impact on veterans and families promoted changes in attitudes, knowledge, and clinical practice for both experienced clinicians as well as clinicians just beginning their careers. The therapists expressed the view that the knowledge the training provided informed their attitudes and behavior in their work with military and veteran clients and family members. These findings were replicated in the findings from the three-year evaluation of the postgraduate course.

Students who enrolled in the *Understanding Military Culture* course changed their attitudes and their practices in working with clients who had military experience. One benefit of the course was that students who initially were not interested in serving military clients or who felt insufficiently trained to work with this population gained confidence from the course and became more interested in seeing clients with military experience. Without the course experience—and given the small percentage of people now serving in the military compared to the current US population (Council on Foreign Relations, 2020) and to previous eras prior to the volunteer military and the diminishing number of veterans still living (Schaeffer, 2021)—it is unlikely that these therapists would have changed their attitudes on their own.

Furthermore, changes in practice resulted from participating in the course. Students realized the value of asking about military experience with all their clients as well as the impacts of serving in the military on the individual and on the family. Moreover, the knowledge about the military, about its impact on the family, and on a range of behavioral health issues gave them insights into better ways of addressing their clients' problems.

Drawing conclusions from the evaluation of CFR's training efforts regarding military culture competency has limitations, including: the small numbers of students participating in the study through the different parts of the evaluation process; the issues noted with the limitations of the CDP bias assessment checklist; and focus group and the follow-up interviews with a limited number of respondents. In addition, most of the participants were enrolled in an agency with

a particular framework of practice (i.e., the systemic model), which focuses on the important relationships in clients' lives. All the students in the course base their practices around the belief that relationships are at the core and provide the basis of mental health. The four-day training, however, reached a wider group of clinicians, of which some had more experienced, and others were not involved with CFR and the systemic model.

It is clear from both the four-day training and the postgraduate course that these are effective means of providing clinicians with training in working with military and veteran populations. While the 2014 RAND study pointed to inadequacies in the knowledge and practices of community health practitioners nationwide; this small evaluation study points to possible remedies.

References

Center for Deployment Psychology. (n.d) *Faces of military culture: Core competencies for healthcare professionals*. https://deploymentpsych.org/test-face

Cogan, S. (2011) What Military Patients Want Civilian Providers to Know. *SAMHSA News, 19*(3), 4-6.

Council on Foreign Relations (2020, July 13). *Demographics of the U.S. Military*. https://www.cfr.org/backgrounder/demographics-us-military

Goodale, R., Abb, W.R., & Moyer, B.S. (2012, September 14). *Military culture 101: Not one culture, but many cultures.* WomenVets USA. https://www.womenvetsusa.org/library/library-info.php/num-210/

Gross, N. (2019, January 4). *All veterans have PTSD' and other myths — debunked.* Military Times Reboot Camp. https://rebootcamp.militarytimes.com/news/education/2019/01/04/all-veterans-have-ptsd-and-other-myths-debunked/

Gurman, A.S., LeBow, J.L., & Snyder, D.K., (Eds.). (2015). *Clinical Handbook of Couple Therapy*, 5th Edition. Guilford Press.

Hall, L. (2011). The importance of understanding military culture. *Social Work in Health Care*, *50*(1), 4–18. https://doi.org/10.1080/00981389.2010.513914

Hoge, C.W. (2011). Interventions for war-related posttraumatic stress disorder. *JAMA*, *306*(5), 549–551. https://doi.org/10.1001/jama.2011.1096

Kilpatrick, D.G., Best, C.L., Smith, D.W., Kudler, H., & Cornelison-Grant, V. (2011). *Serving those who have served: Educational needs of health care providers working with military members, veterans, and their families.* Medical University of South Carolina Department of Psychiatry, National Crime Victims Research & Treatment Center. https://www.mirecc.va.gov/docs/visn6/serving_those_who_have_served.pdf

Koenig, C.J., Maguen, S., Monroy, J.D., Mayott, L., & Seal, K.H. (2014). Facilitating culture-centered communication between health care providers and veterans transitioning from military deployment to civilian life. *Patient Education and Counseling*, *95*(3), 414–420. https://doi.org/10.1016/j.pec.2014.03.016

Lighthall, A. (2010). Rules of engagement: A civilian therapist's guide to the military mindset. *Psychotherapy Networker*. https://psychotherapynetworker.org/magazine/article/395/rules-of-engagement

Mackenzie, L., Gaudin, E., & Tarzi, E. (2018). *2018 military cross-cultural competence annotated bibliography*. Center for Advanced Operational Culture Learning, Marine Corps University. https://apps.dtic.mil/dtic/tr/fulltext/u2/1059390.pdf

Martin, J.A., Albright, D., & Borah, E. (2016). Expanding our understanding of military social work: The concept of military-and veteran-connected populations. *Journal of Family Social Work, 20*(1), 5–8.

Meyer, E.G., Writer, B.W., & Brim, W. (2016). The importance of military cultural competence. *Current Psychiatry Reports*, *18*(3), 26.

Meyer, E.G., Wynn, G., West, J.W., & Morganstein, J.C. (2018). The importance of US military cultural competence. In L. W. Roberts, & C. H. Warner (Eds.), *Military and Veteran Mental Health, A Comprehensive Guide* (pp. 15–33). Springer Publishing. https://doi.org/10.1007/978-1-4939-7438-2

Nedegaard, N. & Zwilling, J. (2017). Promoting military cultural competence among civilian care providers: Learning through program development. *Social Sciences, 6*(13), 1–11. https://doi.org/10.3390/socsci6010013

Nichols, M.P., & Davis, S. (2016). *Family Therapy: Concepts and Methods*, 11th Edition. Allyn & Bacon.

Petrovich, J. (2012). Culturally competent social work practice with veterans: An overview of the U.S. Military. *Journal of Human Behavior in the Social Environment, 22*(7), 863-874.

Schaerffer, K., (2021). *The changing face*

of America's veteran population. Pew Research Center. https://www.pewresearch.org/fact-tank/2021/04/05/the-changing-face-of-americas-veteran-population/

Tanielian, T., Farris, C., Batka, C., Farmer, C.M., Robinson, E., Engel, C.C., Robbins, M., & Jaycox, L.H. (2014). *Ready to serve: Community-Based provider capacity to deliver culturally competent, quality mental health care to veterans and their families.* RAND Corporation. https://www.rand.org/pubs/research_reports/RR806.html

Zimmerman, S.R., Jackson, K., Lander, N., Roberts, C., Madden, D., & Orrie, R. (2019). *Movement and Maneuver: Culture and the Competition for Influence Among the U.S. Military Services*. RAND Corporation. https://www.rand.org/pubs/research_reports/RR2270.html

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