



Supporting the Nation's Transitioning Veterans

Emily Edwards, PhD

Director, DBT for Justice-Involved Veterans
Director of Clinical Core, VISN 2 MIRECC



Emily.Edwards5@va.gov

Ashley Greene, PhD

Research Psychologist
VISN 2 MIRECC

Ashley.Greene2@va.gov

Objective



Increase provider awareness, knowledge, and skills as they relate to providing behavioral health services to transitioning military Veterans.

Each year, approximately 200,000 service members are discharged from U.S. military service. These Veterans often face a range of difficulties during the transition from military service to civilian life. Behavioral health professionals are in a unique position to provide needed supports.

Agenda



Definition

Who are transitioning Veterans? What are their needs?

Contextual Considerations

Circumstances of discharge & Life course perspective

Managing Suicide Risk

Recognizing risk for suicide and how to respond

Engagement Strategies

"Thank you for your service," Clinical style, mitigating privacy concerns, considering broader psychosocial issues

Available Services

Resources within and outside the Department of Veterans Affairs

Q/A

Any outstanding questions about supporting transitioning Veterans?

Definition

Who are Transitioning Veterans?



The Numbers

Each year, roughly 200,000 service members are discharged from U.S. military service



Demographic Profile

Compared to Veterans of earlier cohorts, newly transitioning Veterans are younger, more racially diverse, and include more women



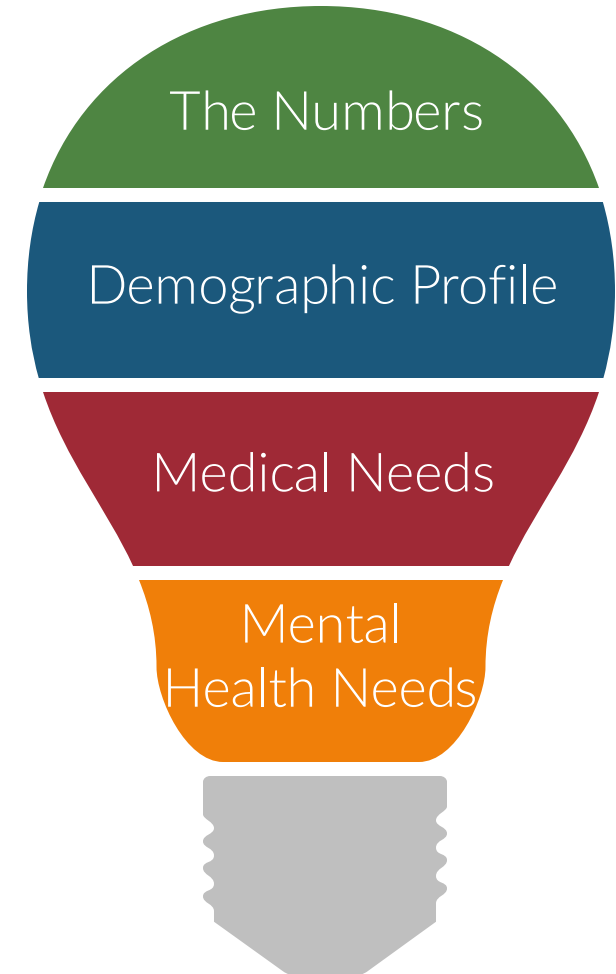
Medical Needs

Due to advancements in modern medicine, service members are less likely to die in the field, contributing to a greater prevalence of service-connected injuries and disabilities



Mental Health Needs

Disproportionate prevalence of depression, PTSD, and suicidal ideation. Suicide rates highest during the first 3-12 months post-discharge and among younger Veterans



Definition

What are the Needs of Transitioning Veterans?



Suicide



Identity Instability



Financial Difficulties

**Mental Health
Difficulties**



**Employment
Instability**



**Interpersonal
Difficulties**



Contextual Considerations

Circumstances of Discharge

84%: highest level of benefits from VA, conduct met standards of military service

10%: eligible for most benefits from VA, conduct did not meet standards of military service, but positive conduct outweighs negative aspects of service

5%: eligible for few benefits from VA, conduct was severely outside standards of military service

1%: eligibility benefits from VA are severely limited or nullified

Honorable

General

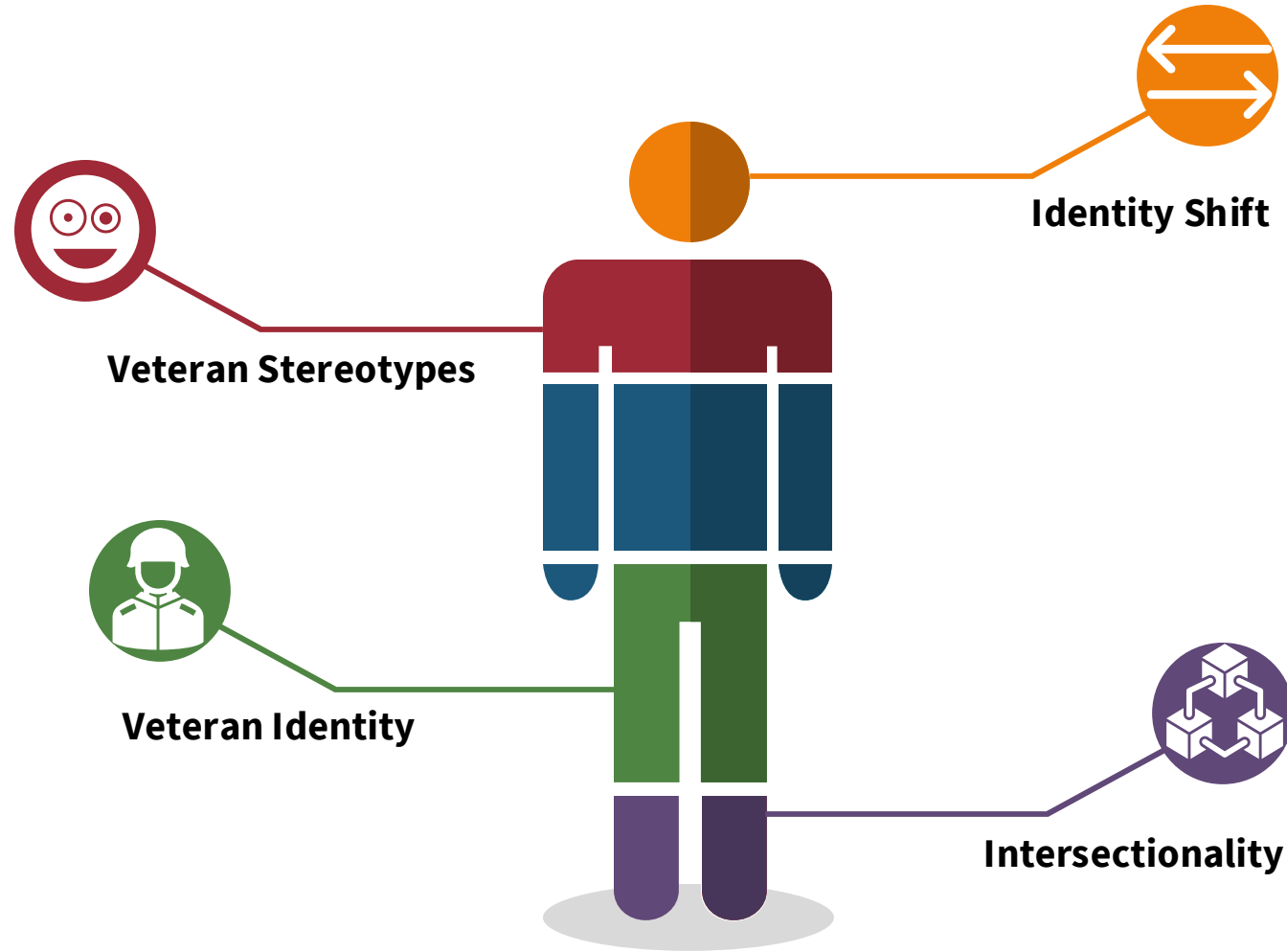
Other than Honorable

Punitive



Contextual Considerations

Identity Considerations



During the shift from military service to civilian life, transitioning veterans face a range of identity shifts, decisions, and difficulties. Understanding these identity considerations places you in a better position to support the veteran through navigating each effectively.

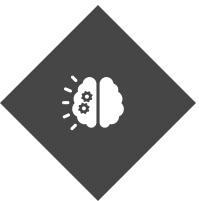
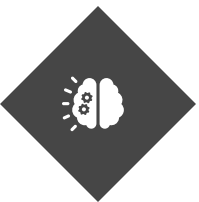
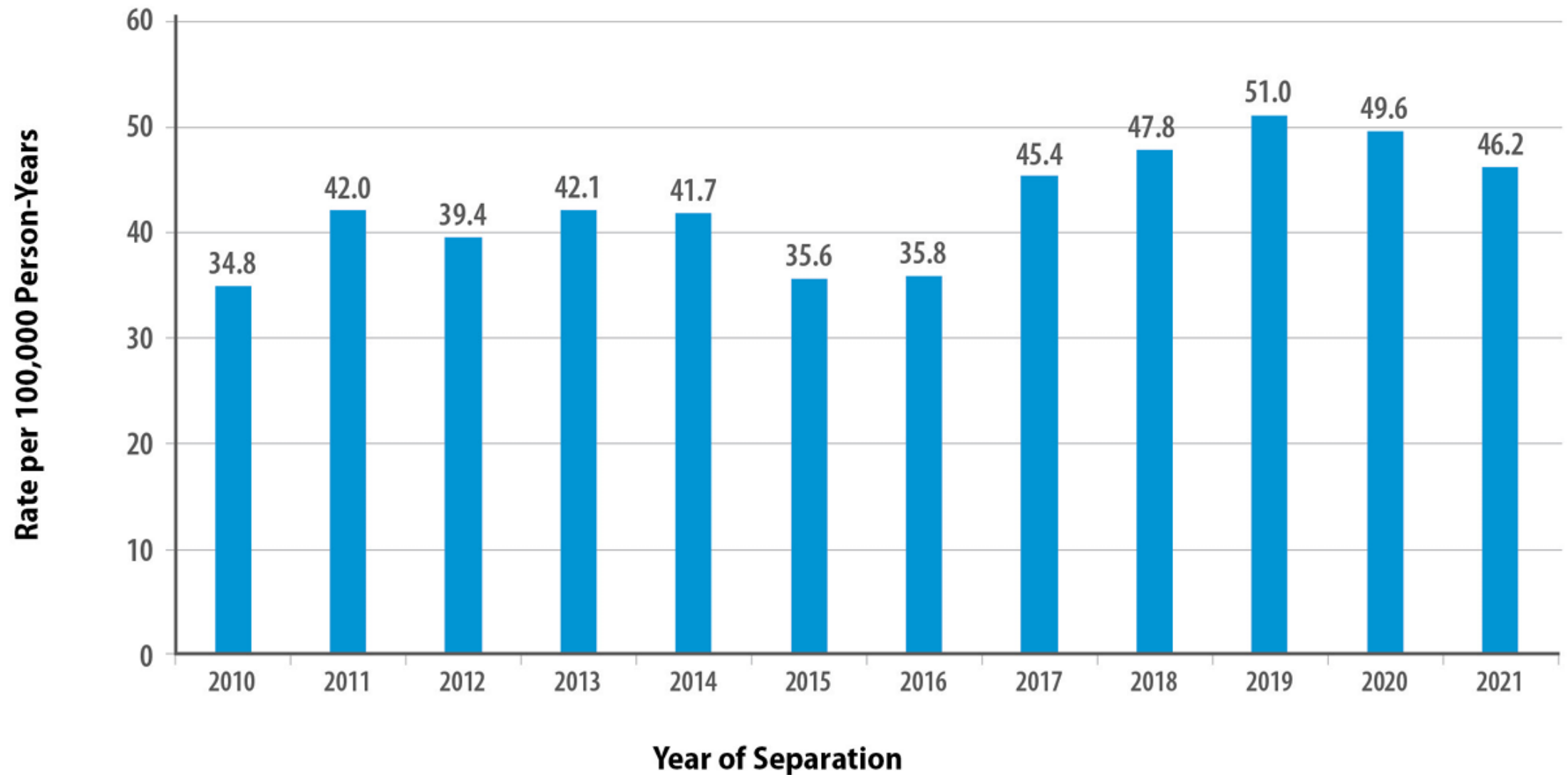
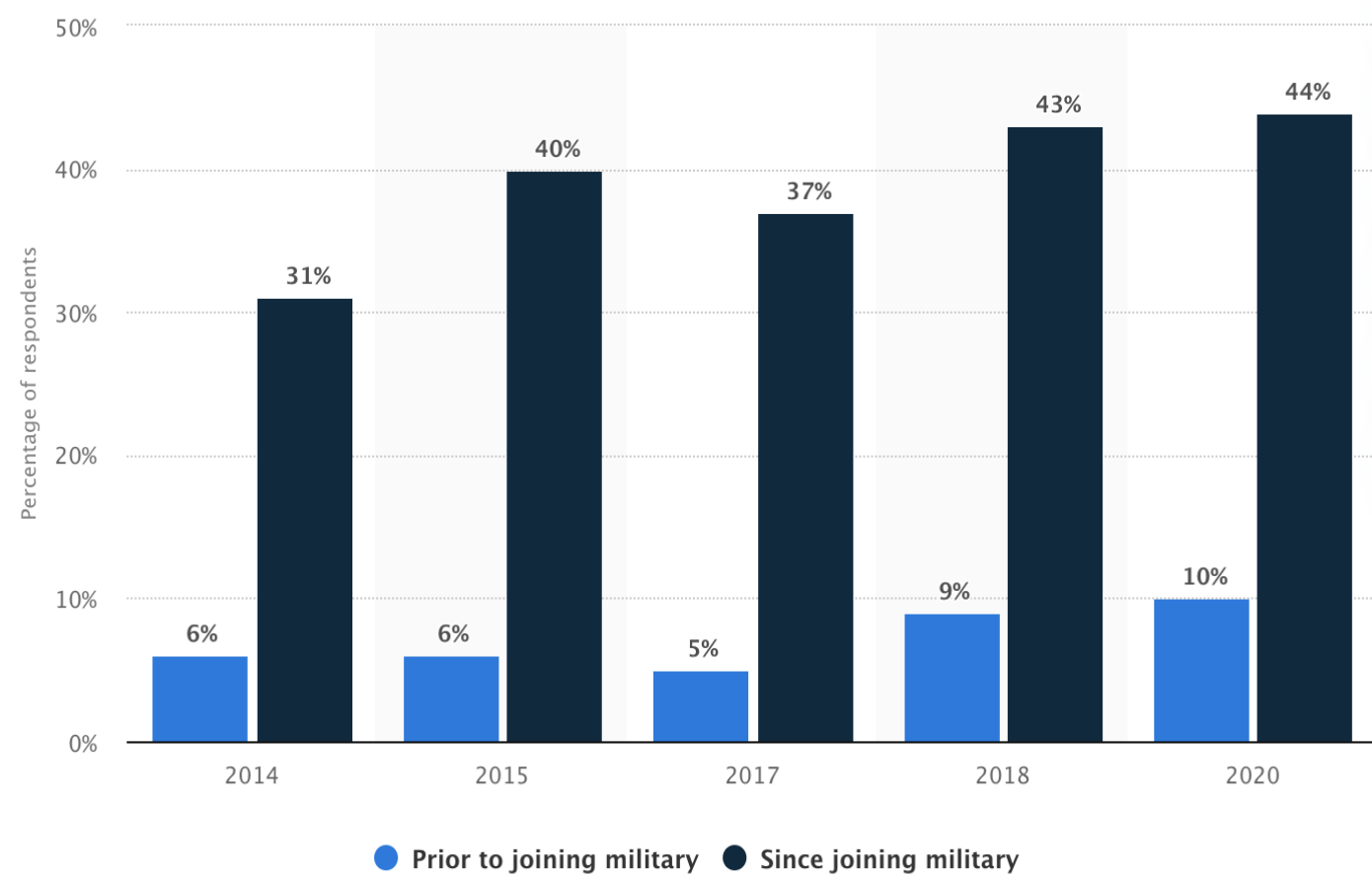


Figure 9: Unadjusted Suicide Rate, 12 Months Following Separation from Active Military Service, by Year of Separation, 2010–2021³³



CONTEXTUALIZING SUICIDE AMONG TRANSITIONING VETERANS

Percentage of veterans who considered taking their own lives **before** and **after** joining the U.S. military



DOD 2025

Suicide is the leading cause of death among service members (70% under 30 years old)



VHA 2025

Suicide is 2nd leading cause of death among veterans under age 45



CDC 2025

Suicide was the 2ND leading cause of death for people ages 10-34



Young Adulthood Progression (18–45 yrs.)

Childhood

Adolescence

***Emerging
Adulthood (18-29)***

- ✓ Instability
- ✓ Identity exploration
- ✓ Exploration in work and love
- ✓ Fluctuations in self-esteem

***Established
Adulthood (30-45)***

- ✓ Stability
- ✓ Strong sense of self
- ✓ Commitment to life roles at home & work

Midlife

Later Life

Mitchell et al., 2020
Mobbs & Bonanno, 2017
Orazem et al., 2017
Sokol et al., 2021

Pre-military

Military

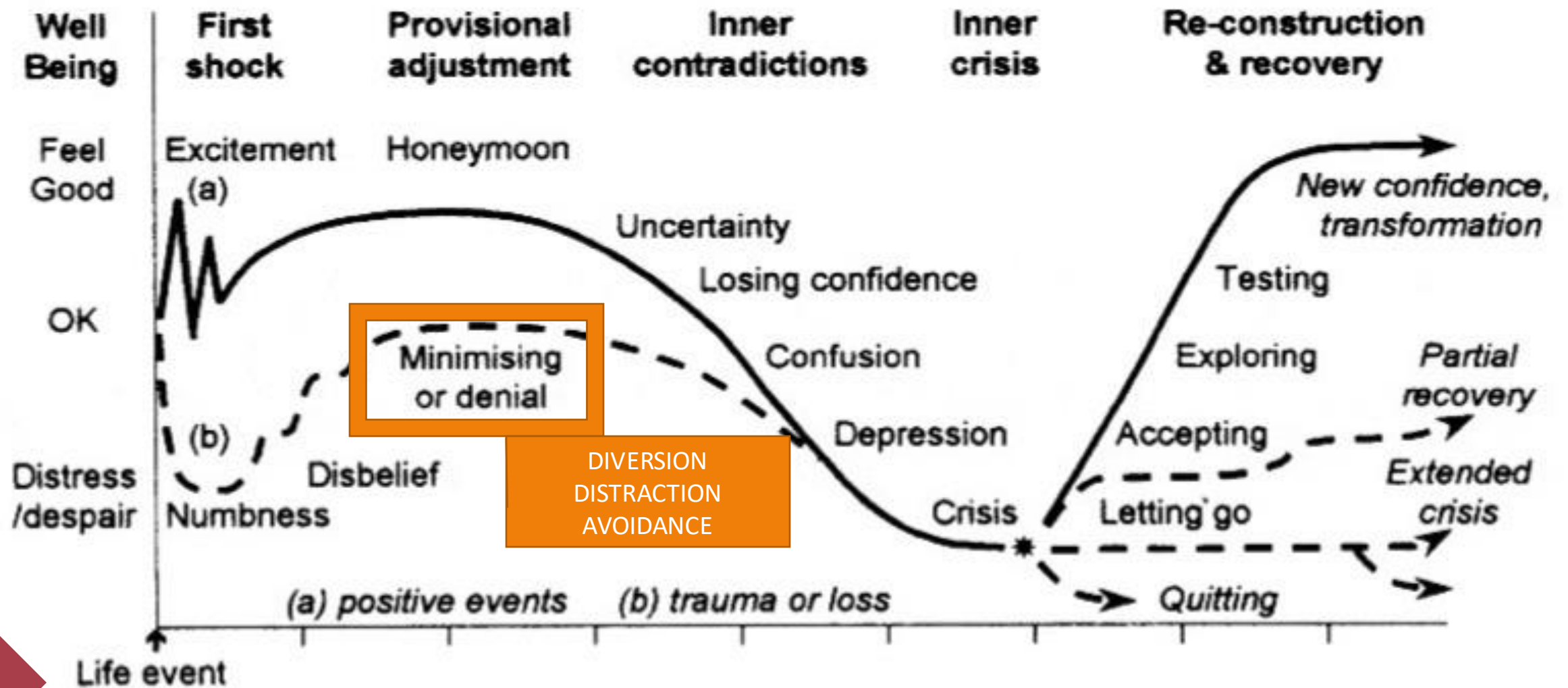
- 65% → 17-30 yrs
- Early imposition of identity, stability, & structure
- Marry younger & start families earlier

Post-military

- ✓ **Median age at separation → 27**
- ✓ Identity adjustment/ Role disruption
- ✓ Don't belong
- ✓ Search for meaning & purpose
- ✓ Disconnection between past, present, and future selves
- ✓ Loss of self worth



TRANSITIONS & STRESS



Managing Suicide Risk

Clinical Strategies

Myths of Suicide Risk Management

Asking about suicide *will not* cause a person to become suicidal. Most are happy to respond when asked within the context of a respected, therapeutic relationship

Lethal Means Counseling

Most Veteran suicide deaths occur by firearm; however, most suicide attempts occur by overdose. Be sure to consider *all* types of potentially lethal means

Prepare for Underreporting

If someone appears at risk but is denying SI, consider applying outpatient precautions that could successfully mitigate risk

01

03

05

02

04

Suicide Safety Planning

Relatively brief intervention with decent empirical support *when delivered appropriately*. Personal relevance of safety planning appears particularly important.

Coordinated Care Models

Veterans at highest risk for suicide tend to have a range of psychosocial needs. Most effective risk mitigation includes coordinated efforts across departments and treatment teams.



VISN 2 MIRECC Clinic for High-Risk Transitioning Veterans



- The MIRECC clinic is staffed by MIRECC psychologists and trainees (postdocs and externs).
- Current capacity for the clinic is 30 Veterans, though we anticipate increasing capacity to over 50 by the fall.
- Duration of care varies from a few weeks to a few months.
- Care focuses on resolution of suicide risk and/or mental health crisis and preparation of the Veteran for longer term care at local facility.



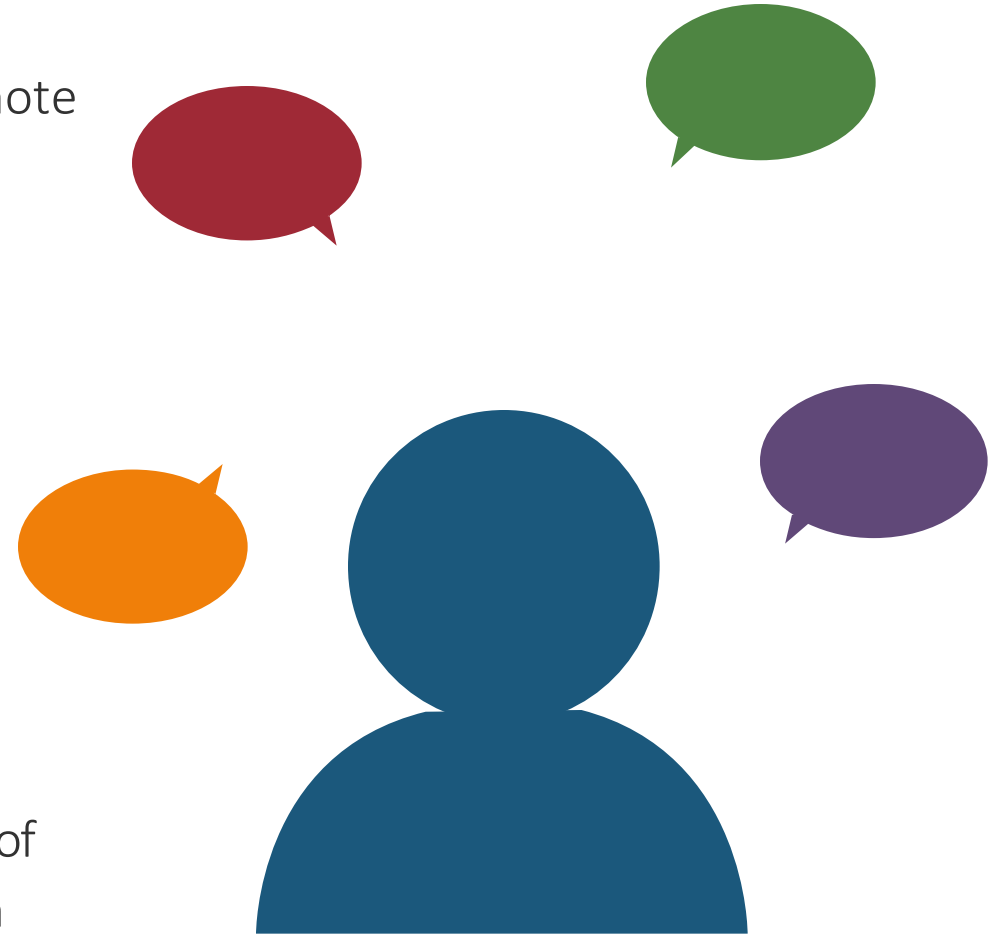
Risky Engagement Strategy

“Thank You For Your Service Phenomenon”

Many people use the phrase, “thank you for your service” to denote gratitude. However, this phrase is not always well-received by Veterans.

- People say “thank you for your service,” because it’s a social norm, not because they’re grateful.
- People say “thank you for your service,” because they don’t understand what it’s like to have served.
- People say “thank you for your service,” as a substitute for effectively supporting Veterans.

For veterans, this phrase comes to represent the stress and lack of support that often characterizes the military-to-civilian transition



Engagement Strategies

Clinical Style

Effective engagement of transitioning Veterans in psychotherapy or counseling often requires certain adaptations to the provider's general clinical style informed by military culture and the typical experiences of transitioning veterans.

01

Military Culture. Be direct, authentic, and task-oriented. Anticipate feelings of shame around mental health difficulties. Adopt a modern warrior approach that normalizes difficulties of transition.

02

Trauma informed care. Be collaborative. Give the Veteran autonomy in guiding treatment. Emphasize trust and rapport. Consider non-military related traumatic experiences.

03

Manage treatment dropout. Block dropout through a strong therapeutic alliance, validation, empathy, collaborative goal setting, and obtaining buy-in. Consider organizational barriers to engagement.

04

Mitigate privacy concerns. Discuss confidentiality and privacy explicitly. Understand limitations to privacy within the military. Anticipate hesitation around full disclosure.

05

Broader Psychosocial Issues. Think beyond intrapersonal mental health difficulties. Expand the scope of your role to include case management and collaboration/coordination with outside providers, resources, and services.



Increasing Engagement Through Immediacy

Helping Skills for Alliance-Building



Probes about the Veteran's Reaction

Open questions about the therapeutic relationship

- "I wonder what reactions you had to our session today?"
- "What would you like from me right now?"



Statement of Reactions to Veteran

Share own feelings and reactions in the moment and follow up with inquiry about how the Veteran feels

- "I'm feeling a little disconnected from you today. I wonder how you're feeling?"



Make the covert overt

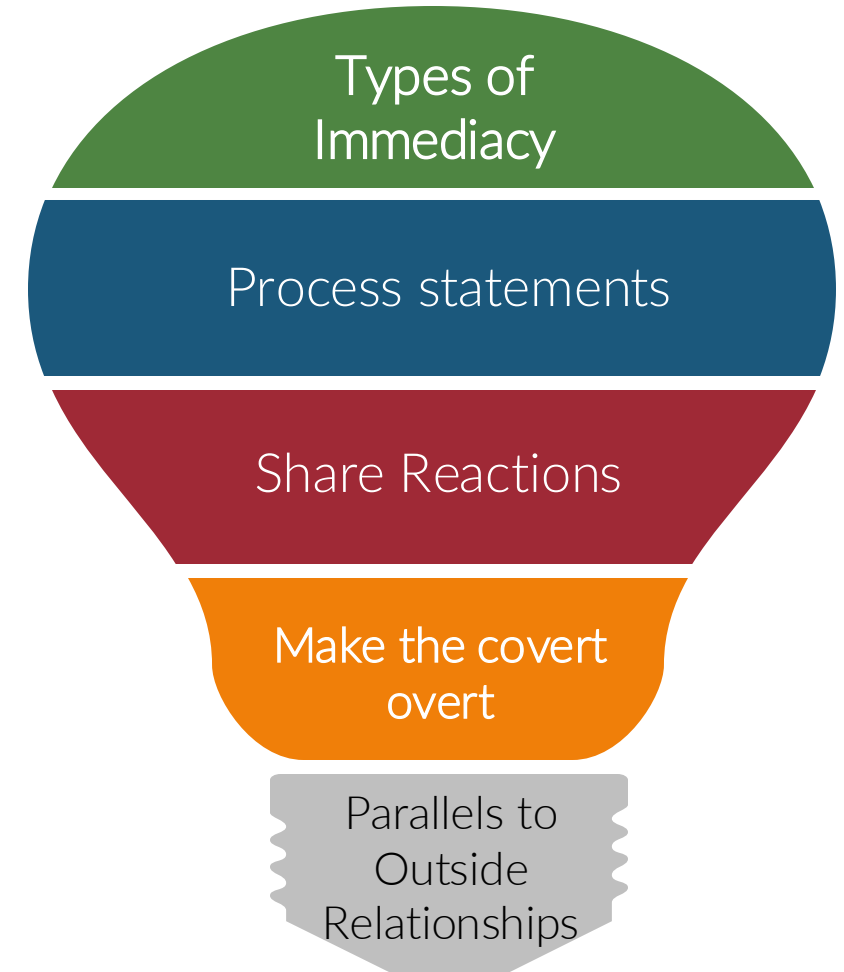
- "It feels to me as if we're two chess players, carefully sizing one another up and trying to decide their next move. Do you know what I mean?"



Draw Parallels with Outside Relationships

Wonder aloud whether Veteran's reactions to therapist are similar to those they have others

- "You've mentioned that you get upset if someone criticizes you, and just now you pulled back when I talked about your procrastination. I wonder if you're worried that I'll criticize you?"



RESOURCES

- Clara Hill (2020): Helping Skills: Facilitating Exploration, Insight, and Action
- Jeremy Safran & Christopher Muran (2000): Negotiating the Therapeutic Alliance

Immediacy: Rationale & Guidelines

Helping Skills for Alliance-Building

To prevent Veterans from being caught off-guard, establish a new norm during the initial intake or 1st session (Teyber & Teyber, 2017):

- One of the most helpful things about therapy is that you and I can change the social rules a bit and talk more directly with one another than people usually do...

Military culture: fear of consequences for MH problems, perceived weakness, embarrassment (Sharp et al., 2015)

- Clinical stance = curiosity & compassion
- Deliver gently and tentatively, observe and ask about reactions

Use “I” statements to take responsibility for self

- “I feel bad for interrupting you; can we slow down and rewind to the part where you...” rather than “You talk too much and are not letting me speak”

Acknowledge that your feedback is based on your perceptions

- Others might respond differently – suggest Veteran gather feedback about how others react to gain awareness of how they are perceived

Sharing your reaction to clients helps them learn how they come across to another person

- Disagreeing with everything the provider says
- Being passive and not saying anything when asked

Prepare by Educating!

Military Culture:
Shame-Based

Model Honesty &
Self Awareness

Change Maladaptive
Interpersonal Behavior

- Sharp M-L, Fear NT, Rona RJ, et al.: Stigma as a Barrier to Seeking Health Care Among Military Personnel With Mental Health Problems. Epidemiol Rev 2015; 37:144-162
- Teyber, E. & Teyber, F. (2017). Interpersonal process in therapy: An integrative model.



ROLE PLAY



Therapist Line

Immediacy Type

How it Helps

“Why the apology?”

Open question about relationship

Invites Veteran to reflect on reaction to therapist

“How difficult would it be...”

Estimation of present-moment comfort

Addresses relational dynamic in real-time

“I wonder what makes it more difficult...”

Making covert overt

Names identity-based relational barriers

“Would it be fair for me to say...”

Makes covert overt

Query possible assumptions about therapist's role



Available Services

Range of VA- and Community-Based Services & Resources

VA Medical Centers & Clinics

Comprehensive health care, benefits, and resources for Veterans. Specialty clinics sometimes available

01

VA Vet Centers

Community-based clinics providing outreach, counseling, and referral services. More accessible and less stigmatizing

03

02

Service-Connected Disability

Conditions caused or aggravated by military service. Cover cost of treatment + monthly compensation

04

Veteran Service and Nonprofit Organizations

Local organizations dedicated to assisting Veterans



Questions & Areas for Discussion



Thank you all for joining
today.

The services you provide are
crucial to improving the lives
and health of Veterans.



Any remaining questions or areas for discussion?