

Fit to Fight: Cultural Issues in Caring for Police, Firefighters, Military and Veterans

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Think of a story

- Dallaire?



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Why is it that I can help you to understand the culture of military/veterans/police?

- From my work as a psychiatrist and as a serving member of the military
- I have some knowledge of the culture, how it develops, and how military members bring their culture and values into the clinical setting
- Police, firefighters and other first responders do not have the same kind of comprehensive MH services dedicated to their needs, as we provide in the CAF



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Characteristics of CF Mental Health Services

- Canadian Forces provides comprehensive health care and MH care across the military life span
- “Forward Mental Health” practised in the war zone
- Concept of return to duty is key



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Key Concepts

- Not just a job, but a way of life
- Code of Service Discipline
- Universality of Service
- GDMO can recommend **Medical Employment Limitations** to limit duties/responsibilities while member getting treatment
- Temporary Medical Category (TCAT), or PCAT
- These measures protect **patient**, and **colleagues**, while patient is ill, giving him/her time to have tx and recover



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TREATMENT APPROACH

- Occupational medicine
- Comprehensive treatment –all conditions
- Helping our patient is our mission
- Conserving manpower is also part of our mission

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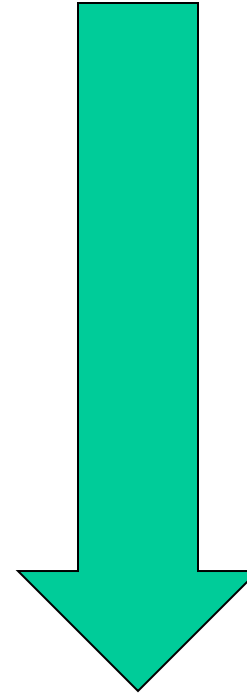
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Separation vs Integration with Civilian Culture

- Military
- Veterans
- Police
- Firefighters
- EMS/ 1st Responders

Separate



Integrated



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Veterans

- “Once a member, always a member”
- Story of Dallaire
- After releasing from the military, they retain values, attitudes and behaviors that are “military”, and distinct from civilian values and attitudes



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Shared Values of Military, Police, Firefighters

- Honour
- Courage
- Loyalty
- Integrity
- Stoicism
- Commitment
- Self sacrifice
 - These values provide the standard of conduct for members
 - These values regulate the lives of members on a day-to-day basis



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Three Often Misunderstood Values

- Peacefulness
- Restraint
- Obedience



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Therapeutic Advantages and Disadvantages of these Values

- FLIPCHART EXERCISE

- Honour
- Courage
- Loyalty
- Integrity
- Stoicism
- Commitment
- Self sacrifice
- Peacefulness
- Restraint
- Obedience



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How Engendering Values of Loyalty/Commitment/Sacrifice Can Lead to Difficulties in Help-Seeking

- Police and military are taught, during the initiation process (Basic Training) to sacrifice personal needs for the greater good of the group
- This is accomplished by cultivating strong cohesiveness and sense of loyalty among peers
- It is imperative for successful completion of “The Mission” (on the streets or on the battlefield)
- This training strengthens soldiers’ ability to survive and thrive in combat environments



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Difficulties in Help-Seeking

- Unfortunately this culture, which fosters strong camaraderie can lead to an “anti-civilian” sentiment and belief system
- Isolationist, “us versus them” stance
- Forming their own distinct society, which is psychologically distant from the “civie” world



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Difficulties in Help-Seeking

- And if that wasn't enough.....
- A clash between “military” values and traditional values of MH services and the medical system, (which focus on identifying and treating psychopathology)
- Or may encourage attitudes or psychological behaviors that are anathema to soldiers and police
- Eg “listen to your inner voice, take it easy on your self, don't judge yourself so harshly, give yourself a break”



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Paramilitary Culture vs Mental Health Culture

- Collectivistic
- External locus of control
- “Who I am”
- Emotional suppression
- Pain: Increased tolerance
- Strength focused
- Self Sacrifice
- Grounded in tradition
- Individualistic
- Internal locus of control
- “What I do”
- Emotional expression
- Pain: Early identification and reduction
- Illness/injury focused
- Self Care
- Focus on change

Adapted from Lunasco, “One Shot-
One Kill: A Culturally Sensitive
Program for the Warrior Culture” 2010

Reluctance to Enter Treatment

- Approaches insensitive to the culture of military and police organizations will perpetuate stigma and mistrust among its members and lead to underutilization of mental health services by these groups



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Mental Disorders in Members of Military and Paramilitary Groups

- Combat zone, policing and fire fighting experiences can produce chronic maladaptive symptoms and mental disorders such as PTSD, Substance Use Disorders, and Major Depression
- Leads to often disabling symptoms, dysfunction in relationships at work, home or school
- However, don't assume everyone exposed to war or other work-related trauma develops a disorder. A minority do.
- eg in CAF, out of all deployed, < 13.5 % had developed PTSD or Major Depression by 5 years post-deployment



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Suicide and Canadian Forces

- Like civilians, > 90% of those who suicide have a mental disorder at time of suicide.
- Often combined with interpersonal stress (eg relationship breakup)
- And substance that decreases impulse control (eg alcohol)
- Suicide rate in CAF is 85% of rate in age- and sex-matched Canadian general population
- Suicide rate relatively stable since 1994 (when we started collecting stats)



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Reluctance to Enter Treatment

- Veterans and police apprehensive or skeptical about talking to civilians about service-related experiences
 - Fears re: looking “weak” or perhaps “disloyal”



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How to Work Successfully with Police, Military and Allied Groups



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Educate Yourself

- Civilian clinicians need to become versed enough in these cultures to effectively understand their patients' world
- In order to build therapeutic rapport with their patients/clients



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Countertransference and Attitudinal Issues

- Monitor your countertransference. Examine your own biases/assumptions about police and military culture
- Separate the therapeutic relationship from any underlying political agenda involving war, news involving police actions etc.



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Countertransference and Attitudinal Issues

- There is a difference between perpetrators of violence and harm to others, and obedience to direct orders from one's chain of command (in defence of your country or citizenry)
- Situations are often much more complex than what is reported in the media



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Suggestions for Rapport-Building

- Cultivate safe, non-judgemental, encouraging therapeutic environment – then, be patient!
- Take a strengths-based approach (will resonate positively with your client's values)
- Acknowledge virtues of their profession, eg protection of the public
- Commend them on their willingness to serve others, at great personal risk, and for a purpose larger than themselves



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Suggestions for Rapport-Building

- Initiate interview with questions about their service history:
 - How long did you (have you) served?
 - What was your trade/job/specialty?
 - Family-members who served?
 - In which military environment (branch)? [CAF]
 - Where were you posted? [CAF]
 - Did you deploy? Where? When? Were you engaged in combat? [CAF]



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Suggestions for Rapport-Building

- Anticipate issues of grief and loss
- Educate re: stages of grief
- In fact: educate, educate, educate
- This gives your client a sense of control and self-efficacy



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Resiliency Training Programs: A Model for Mental Health Care of Military and Police

- What can these programs teach us wrt engaging their members and making them comfortable in the therapeutic setting?



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1. Use language with which they will identify

- “Battlemind”
- “One Shot-One Kill: A Culturally Sensitive Program for the Warrior Culture”
- “The Road to Mental Readiness”
 - examples from aide memoire
 - Eg “The Big Four” p. 13
 - Goal Setting
 - Mental Rehearsal
 - Self Talk
 - Tactical Breathing
- “Sports Psychology”



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2. Acknowledge the importance of leadership

- Expand on:
- World War I and PIES
- R2MR aide memoire
 - Role of Leaders p. 23
 - Triple S: “Shield, Sense, Support” p. 26
 - Ad Hoc Incident Review (AIR) p. 18



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In Conclusion



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Thank-you Questions?



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