

Speaker 1: [00:05](#) A recent survey of nearly 2,000 members of the Armed Forces found that only 53% of those with Post Traumatic Stress Disorder, PTSD, traumatic brain injury, TBI, depression, and other invisible wounds of war had sought assistance in the past year. Unfortunately, details from the Comprehensive RAND Report points out that of those who sought assistance, only half obtained minimally adequate treatment. A recent article published in the Washington Post addressing the needs of our returning veterans captured the mood and a quote by a veteran of the Afghanistan war.

Speaker 1: [00:41](#) He stated, "They blurt out, 'Thanks for your service', then run away. They don't really want to know how it was for you." This speaks to the belief held by many in the military and veteran communities, "They don't know me. They can't treat me." This training equips the providers and allied health team members to answer the call of the military and veteran communities. You must know me to treat me.

Speaker 1: [01:18](#) The rising number of Veterans confronted with the challenges of PTSD, TBI, mental and behavioral health disorders and co-morbid conditions, combined with the gaps in access to care, suggests many veterans will be presenting to providers in the civilian communities. According to the Department of Veteran Affairs, there are approximately 18 million veterans in the United States, 9 million Veterans are registered with the department for healthcare services, however, only 6 million Veterans receive care annually from the Veterans Health Administration. In fact, about 12% of male Veterans and 21% of female Veterans solely use the VA for their healthcare in any given year. That leaves over 80% of Veterans who are getting their healthcare in the private sector and virtually all of their family members.

Speaker 1: [01:41](#)

Dr. Ron Koshes: [02:24](#)

Dr. Ron Koshes: [03:08](#) There are some very specific differences between military, veteran, and civilian cultures. This module will outline the differences between these cultures, the risks of war associated

with post traumatic stress disorder and the unique populations that exist within the military setting.

Dr. Ron Koshes: [03:39](#)

The overall goal is to advance your understanding of military culture, so that the healthcare and support services provided to these service members, veterans and their families is appropriate. The learning objectives are to contrast the explicit and implicit characteristics of military and veteran culture; state the relevancy of competency communication; list barriers to the delivery quality, competent healthcare and supportive services, and to identify how military and veteran culture impact the patient-provider relationship. In other words, what aspects of military culture actually facilitate or impede the care?

Dr. Ron Koshes: [04:34](#)

In August of 2009 during the height of the Iraq-Afghani conflict, a brief survey was conducted and data was collected from 171 healthcare providers. The purpose was to assess the role of cultural competency in their patient-provider relationships. The following questions were asked:

1. Is information on ethnicity or culture of clients specifically recorded in your organization's management information system?

2. Do you discuss racial/cultural issues with patients in the treatment process?

3. Is information on ethnicity or culture of clients specifically recorded in your organization's management information system?

4. When available, do you use clergy from the spiritual community to enhance services to people of color?

Once the analysis was completed, it was clear that regardless of the question, the NOT AT ALL/BARELY categories significantly outweighed the FAIRLY-Very WELL/SOMETIMES-OFTEN categories. While the numbers were small, there was strong evidence to suggest the need for specific and purposeful education and training. This served as the nidus for the development of warrior-centric healthcare training and the quote, "You must know me to treat me".

Dr. Ron Koshes: [05:29](#)

Dr. Ron Koshes: [06:05](#)

Dr. Ron Koshes: [06:45](#)

Dr. Ron Koshes: [07:32](#)

Dr. Ron Koshes-Video Introduction Create Sub Tab :

What I'd like to do now is have you watch a video about some of the experiences of individuals who are dealing with post traumatic stress disorder and other ailments that are associated with combated-related deployment. You must know me to treat me is going to be our theme today, and we'll have some comments after the video.

Speaker 3: [09:23](#) I am a hero who has given more than I have taken.

Speaker 4: [10:29](#) Good evening, America. Currently, there is a flood of veterans young and old seeking disability assistance and compensation for psychological and physical injuries connected to their military service.

Speaker 5: [10:46](#) Please don't leave me behind.

Speaker 6: [10:55](#) I am a warrior whose PTSD, depression, and traumatic brain injury are not treated consistently within the DoD, the VA, or the civilian healthcare systems.

Speaker 4: [11:47](#) The Department of Veterans Affairs says its average time for processing claims, 162 days, is better than it has been in at least eight years, but it does not deny that it has a major problem with some claims languishing for many months in the department's overtaxed bureaucracy.

Speaker 3: [12:05](#) I know I am a warrior. I know people see me as a hero, but I faced head-on suicide attempts and major depression.

Speaker 7: [12:16](#) These are the invisible wounds of war.

Speaker 8: [12:38](#) I am not just a warrior. I am a man, a father, a husband, a brother, and a son.

Speaker 9: [12:45](#) I'm not just a warrior. I'm a woman, and a mother, a wife, a sister, and a daughter.

Speaker 3: [12:54](#) You must know me to treat me.

Speaker 10: [13:13](#) The larger significance of the back log veterans groups and officials said is that resources for veterans are being stretched perilously thin by a confluence of factors beyond the influx of veterans from Iraq and Afghanistan. Our service members, their families, and all veterans are heroes. We must deliver on our commitment.

Dr. Ron Koshes: [13:32](#) Since 9/11, 2.77 million Service Members have served on 5.4 million deployments. The psychological toll of these deployments far outnumbers the physical combat injuries.

Dr. Ron Koshes: [14:41](#) (Not sure what is being said here: ~~The integrated military healthcare partners and providers who are important in treating those who have served during a time of war is only staffed at about 60% of the current mental health needs~~).

The psychological toll has stressed the system to provide healthcare in general and mental and behavioral health care in particular almost to the breaking point. While the numbers of service members and veterans seeking care for their mental and behavioral health needs are small, access remains limited. This means that a great gulf exists between the need for services and the providers of the services. It is also important to note that many of the available providers for mental health services do not have military experience and no real understanding of the culture.

Dr. Ron Koshes: [15:25](#) There has been and continues to be heightened concern about those service members and Veterans who returned with or those who subsequently develop post traumatic stress disorder (PTSD) and traumatic brain injury (TBI). This is understandable considering the sustained suicide rate and sparsity of mental and behavioral health providers.

Dr. Ron Koshes: [16:04](#) The 200_ sentinel report by the RAND Corporation entitled, Invisible Wounds of War forewarned that there was likely to be an epidemic of service members who were deployed during the

recent conflicts who would suffer chronically from post traumatic stress disorder and most importantly, traumatic brain injury which they labeled the signature injury of the Iraq-Afghan wars. There is, however, there is a group of service members who would suffer from both these conditions. In addition, Veterans of Operation Enduring Freedom, Operation Iraqi Freedom, Operation New Dawn have also demonstrated an increased risk of suicide and suicide attempts, and other mood disorders including major depression and anxiety disorders.

Dr. Ron Koshes: [16:42](#) Compared to a general population, military service is associated with increased rates of PTSD. The rates are higher for service members in general and particularly for those who are deployed during combat, experience multiple deployments, and for those who are brought back without stress debriefing or preparation for reintegration into civilian life is not readily available.

Dr. Ron Koshes: [17:40](#) To provide some historical perspective, the initial studies of trauma and PTSD within military populations focused on male, Vietnam veterans. There was a huge database from the Veterans Administration that was studied over the years. These studies indicated that nearly a third of all individuals suffered from PTSD. The basic premise is that post traumatic stress disorder is caused by a stressor that is beyond the normal range of human experience, and the other basic assumption in our military population is that these are individuals who have entered military service who do not have character pathology and they do not have major mental disorders. The stressor is the critical element that is the most important. Stressors in combat can include but are not limited to being injured yourself, watching people be injured, attending to dead bodies, witnessing civilian catastrophes, or being just under the constant threat of bombardment, mortar attack, and missile attack.

Dr. Ron Koshes: [18:46](#) These stressors can result in distress and impairment of the social and occupational functioning of these individuals. This point cannot be emphasized enough as civilian providers may not be as aware that the environmental stressors are more the source of PTSD than any specific character pathology of the individual.

Dr. Ron Koshes: [19:25](#) PTSD can result from a multitude of traumatic experiences. It just doesn't have to be combat. It could be, in fact, physical assault, sexual assault, anything that's near death, or witnessing

a catastrophic event such as a bridge collapse, or a hurricane, or a tornado, or an earthquake and the devastation that occurs as a result of that. For our purposes, we're going to focus on combat veterans who've been exposed to the trauma of war.

Dr. Ron Koshes: [19:54](#) Let's take a look now at this construct of culture and the military. What is culture? It's a shared pattern of beliefs, behaviors, and interactions, a way of thinking, an emotional understanding that is learned through the process of socialization. These individuals bond together and form a shared culture. Culture is a type of learned behavior that results from that acculturation process, and individuals within that culture that's been identified act in a specific way, behave in a specific way, learn in a specific way, and it's transmitted to other members of that culture.

Dr. Ron Koshes: [20:37](#) In the broadest sense, culture is something that includes beliefs, art, morals, writing, law, and other capabilities that are acquired by the individuals who are part of that society or that specific culture. Again, what is culture? It's a collective programming of the mind that distinguishes the members of one group from the members of another. As you begin to understand, the military is part of its own specific culture, and we'll take a look at that right now.

Dr. Ron Koshes: [21:33](#) If you as a provider have a level of understanding about military culture and you are familiar with some of the settings in which that culture is practiced, i.e., deployment and the impact on the individual and family, you are better able provide their healthcare. Appreciation of military culture is not new. It extends back to Imperial China in the ancient writings of Nicola Di Cosmo. Military culture is also prominently discussed in the book the Battle for Gaul by Julius Caesar.

Dr. Ron Koshes: [22:15](#) The Book of the Five Rings by Miyamoto Musashi, also speaks to the role of culture and morale, unit cohesion, bonding, and performance was absolutely critical. This has been studied again and again, both in antiquity and in modern society.

Dr. Ron Koshes: [23:09](#) Let's understand some of the terminology often associated with the military. What is a warrior? A person who's engaged or experienced in any type of warfare. These are our soldiers, Marines, sailors, and airmen. A Veteran is a person who has served in one of the uniformed services regardless of the time

or condition served. You do not have to be retired after 20 years of active duty service or more to be considered a veteran.

Dr. Ron Koshes: [23:38](#) Nearly 3 million service members have been deployed. There are many who are serving in their second, third, and fourth tours of duty in the war zone. Delving deeper into the terminology, what do you call a member of the Army? Well, you call them a soldier. Their job is to capture and to hold territory. They are ground troops. A sailor is a member of the Navy. They're involved in sea transport, logistics, battle at sea, and protection of the shore.

Dr. Ron Koshes: [24:11](#) A Marine belongs to the Marine Corps. Their job is as ground to quickly attack and conquer. Airmen are part of the Air Force. Their mission is aerial weaponry, dropping bombs, targeting, relaying coordinates, and their basic moves are shock and awe based on the technology that they have. It's very important to recognize that each of these components have a reserve aspect to them, so individuals who are not on active duty 24/7, but actually serve time over the weekend, have time throughout the year where they go on training missions, and are able to be called up at any time for the service of their country.

Dr. Ron Koshes: [24:56](#) This turns out to be a very important issue in that Marines are not soldiers and you often see this mistake made in the healthcare and supportive service setting when calling a Marine a soldier or a Navy person a soldier. These are sailors. The Marines. In the Army they're soldiers.

Dr. Ron Koshes: [25:18](#) The Coast Guard is not under the Department of Defense, but it's job is for Homeland Security. We do have Merchant Marines who are called mariners and their job is transportation. The National Guard is under the jurisdiction of the governor of the state, unless activated and then they become part of the Armed Services. Many National Guard units were activated for this current war effort.

Dr. Ron Koshes: [25:47](#) How do we distinguish the different branches from each other? Well, there's these general categories. There is a way, a language in which individuals speak to each other and a way that they greet each other. There is a mission orientation that they have. There is a legal system that is included for the military. It's called Uniform Code of Military Justice, which is different than the civilian legal system. There are also certain tattoos, patches,

rings. Sometimes even the warriors are very cognizant of whether they have combat badges, which means they actually participated in or saw combat. There are also the physical objects, the uniforms that are different, the stripes.

Dr. Ron Koshes: [26:29](#) Being able to interpret these become very important for the healthcare and support service professional, calling a sergeant a sergeant and a tech sergeant a tech sergeant. As you reach the ranks of higher enlisted, it's critically important as a healthcare provider to be able to address them by their correct rank. The military is, in fact, a culture within cultures. It has signs and symbols, insignia that are different than our civilian world. Each warrior, each person who has served in these wars, does in fact belong to many different additional cultures.

Dr. Ron Koshes: [27:10](#) The differences may extend from ethnicity to different regions of the country to different branches of the service. They may be reservists or females. Knowing as much about these differences as possible will facilitate the healthcare and supportive service interaction. Understanding the interplay between them can help tailor your interventions and support.

Dr. Ron Koshes: [27:36](#) Understanding the interplay between these different coexisting cultures is critical to establishing a very specific, a very tailored healthcare service treatment and supportive service plan. Understanding where an individual comes from and not making the mistakes that are associated with misidentifying cultures can facilitate the provider-patient relationship. For instance, one mistake that must never be made is calling a Marine a soldier. It would impede, in fact, the generation of data for the correct diagnosis and for developing a treatment plan. Not in every circumstance, but certainly trust is better established if you know where the person comes from and you address them by their correct title.

Dr. Ron Koshes: [28:20](#) You have the tricky business in this type of setting of working amongst different cultures and trying to understand which ones play a role and how to ask specific questions to get the information you need. What are the values of a military culture? Well, it's unfortunate, but sometimes the values of a military culture, which lead to the success of individuals and the overall mission of the military are those which make it difficult for us, as healthcare providers, to obtain information, loyalty, duty, respect, selfless service, uniformity, personal courage. It may be

difficult for an individual to talk about, for instance, memory problems that are associated with traumatic brain injury or disabling nightmares and intrusive thoughts an individual has because it might take them out of their unit and out of their ability to continue to serve.

- Dr. Ron Koshes: [29:19](#) The values of the military often go against what the values of a healthcare facility are. There is a standard of discipline, group cohesion and, again, putting the mission before the self is probably our greatest barrier in providing healthcare services to these individuals.
- Dr. Ron Koshes: [29:39](#) How is the military organized and how is it structured? Well, first of all, there's a chain of command. The role of that is to maintain order and discipline, to promote the mission, to define lines of authority. Rank structure defines leadership and responsibility. As it turns out, these are not arbitrary designations. Warrant officers, high-ranking enlisted individuals have different duties and responsibilities than say officers or lower-ranking individuals.
- Dr. Ron Koshes: [30:12](#) The type of job that a person has can also be an impairment to getting healthcare that's needed in diagnosing, for instance, post traumatic stress disorder and traumatic brain injury. A high-ranking enlisted person may feel that they have greater responsibility for the people who are under them and would not want to have any dysfunction that would take them out of the command structure, so this becomes an impairment.
- Dr. Ron Koshes: [30:39](#) Let's take a look at what a warrior looks like if we were just able to take a snapshot. Let's take a look at age first, and then we'll look at gender and reserve versus active duty. Close to 50% of the active duty Army individuals, close to 70% of Marine are between the ages of 17 and 25. This is a very young population. In fact, for our consideration with traumatic brain injury these are individuals whose full neural biological development has not occurred. Only until the late 20s do we see full development of brain.
- Dr. Ron Koshes: [31:17](#) Women represent more than 1 in 10 of the veterans from these current wars. Approximately Fifteen to sixteen percent of military members were female. The other thing that's important is taking a look at reserve versus active duty. In previous wars, such as Vietnam and the Korean Conflict, Desert Storm, Desert

Shield, reserve units consisted of a small percentage of those who were deployed. If we look at OEF/OIF you see that we have about 45% of all combatants in this combined global war on terror has been our reservists.

Dr. Ron Koshes: [31:58](#)

What does this mean? This means that often times reservist units are broken off or broken up. They deploy at different times. They may have multiple deployments. They have civilian jobs, as well as now an activated military job. They may not have the same supports that individuals who are active duty military have. If we look at rank, you can see that in the Army about 80% are enlisted and the rest are officers and warrant officers. Looking at race among those individuals in the Army, there seems to be a discrepancy between those who are active, and guard, and reservists with regard to ethnic status. This simply means that individuals who are providing healthcare may need to know something about the racial characteristics of the individuals they're treating.

Dr. Ron Koshes: [32:49](#)

Did they come from a unit that was predominantly Hispanic? Was it located in a city? Was it more rural? Was it more white? What role would the African-Americans and Asians play in these groups? If you look at females among Army, active duty, National Guard, and reserve, a larger percentage of females were in the reserve forces than in the active forces. This means that they may have a job. They may have families and they're uprooted during deployments.

Dr. Ron Koshes: [33:23](#)

Marines are our youngest, most junior population that serves in the military. Approximately Sixty-one percent of Marines are 25 years or younger and nearly 21% are not even of legal drinking age. Approximately Fifty percent of Marines on active duty are married. In the Navy and in the Army it's higher. These statistics have changed significantly over the past 15 to 20 years when we saw that the Marines represented the lowest rates of individuals who were married.

Dr. Ron Koshes: [33:58](#)

These Marine Corps families are much younger than other military families, as you can see in the age breakdown. In the Navy, the majority of the individuals, nearly 60% are white, and minorities compromise a significant subpopulation. Of those, approximately 17% are black. In the Navy, the enlisted forces more officers are married than enlisted. In the Air Force you see similar ratios that you do with the Navy.

Dr. Ron Koshes: [34:27](#) I'd like to point out that this is not just playing a game of statistics, but it's important to understand that when you're dealing with a Marine you're dealing with a younger person, more likely to be an enlisted individual, someone who might be more female than they have been in other years, and that these individuals may have young families.

Dr. Ron Koshes: [34:49](#) The idea of culture is not just an abstract concept. It really does impact health beliefs and we'll take a look at this with specific relationship to the military culture. It is about the perception of health problems. How a person labels their health problems. I have post traumatic stress disorder. Does that mean that I am mentally deficient in some way? The meaning of the illness becomes critical for our individuals who serve in the military, especially those who make it back to the United States. The fact that we've been at war means that many of our serving service members have witnessed or known someone who has known someone who has been killed in combat.

Dr. Ron Koshes: [35:33](#) The meaning of the illness that the person has becomes important. Why were they spared the other person was not? What does having PTSD or traumatic brain injury mean as compared to someone who has lost a limb or has had a burn wound? It also impacts the ability with which individuals are able to communicate their symptoms and to divulge information, especially to our healthcare and supportive service providers. Culture also impacts the healthcare interaction. An individual from a certain race or a certain region of the country may have a different type of relationship with healthcare and supportive service providers.

Dr. Ron Koshes: [36:14](#) The perception of the healthcare and supportive service interaction is also important for veterans, service members and their families. We draw, in the military, our service members from different areas of the country, so providers are likely to see people from different regions, different ethnicities, different age groups, and different beliefs about healthcare and supportive service and what the provider-patient relationship should look and feel like.

Dr. Ron Koshes: [36:39](#)

Dr. Ron Koshes: [37:24](#)

Dr. Ron Koshes: [38:05](#)

Dr. Ron Koshes: [38:32](#)

Dr. Ron Koshes: [39:03](#)

Dr. Ron Koshes: [39:19](#)

Dr. Ron Koshes: [39:54](#)

Dr. Ron Koshes: [40:42](#)

As you consider the intersection of PTSD and military culture, it is not an abstract concept. If you contemplate the trauma that occurs, the primary genesis of PTSD in this situation, it may be a result of combat, the witnessing of the death of civilians (children in particular), the handling of bodies or human remains, being under constant attack, the death of fellow service member, military sexual trauma (MST) or personal injury, it becomes easier to grasp the Army Surgeon General Mental Health Advisory Team (MHAT) survey results:

75% of soldiers and Marines were in situations where significant trauma or death was a real potential imminent threat
60% knew of someone injured or killed
33% described an event that shook them to their bones, caused them horror, helplessness, or intense fear
33% met the diagnostic criteria for PTSD

Aaron Watch Video [Introduction Create Sub Title](#)

(A DESCRIPTION OF THE VIDEO IS NEEDED)

My stepfather, who I called my dad because he did such a great job being a father, he passed away in 2008. He was actually former military. He was a Navy SEAL. Everyday life with him as being my father I felt like I was in the military for 20 some odd years. You know?

Dr. Ron Koshes: [41:19](#)

Dr. Ron Koshes: [41:57](#)

Warriors who are at the greatest risk of PTSD and major depression include Guard or Reserve status, enlisted personnel, Hispanic ethnicity, females, older individuals, and prolonged deployments or exposure to the traumas of combat. Overall, women are probably twice as likely to develop PTSD in their lifetime. Considering this, and the growing numbers of females

entering the military, this is a population that warrants close monitoring.

Dr. Ron Koshes [Video Introduction Create Sub Title](#) : (MOVED UNDER TIME STAMP 51:52)

Outside the Wire is a video that shines a light on females experiencing PTSD and the impact on their lives and others like them. If you were the healthcare provider working with a female warrior like the ones in this video, what questions would you would ask, what would you do to begin to gain trust and establish a relationship, how would you greet her in your office?

Dr. Ron Koshes: [42:32](#)

PTSD is among the top three diagnostic categories for female veterans seeking treatment within the VA system. The most important thing to understand is because of the reliance on a civilian-trained population of healthcare providers TBI, PTSD, depression, and other mental health issues are not treated consistently within the Department of Defense healthcare systems, the VA, or the civilian healthcare systems.

Dr. Ron Koshes: [43:05](#)

While it is known that about one in three warriors suffers from PTSD, it is believed that the numbers are much higher due to the under reporting and under diagnosing of PTSD. The difficulty in getting more accurate numbers is most likely closely associated with military culture. A 28-year-old man who's been deployed 3 times, when asked about anxiety and stress might not divulge that to the healthcare provider out of fear. Additional cultural factors may come into consideration if the warrior is Latino, female, Asian or a Marine.

Dr. Ron Koshes: [43:48](#)

A closer at the breakdown of warriors exhibiting psychological symptoms (i.e., PTSD, anxiety, or major depression), some of the highest rates are among the National Guard.

WHERE DO THE NUMBERS COME FROM THAT ARE ON SLIDE 34

Dr. Ron Koshes: [44:35](#)

Understanding which warriors are at higher risk and what cultural nuances challenge their ability admit they have a problem and seek treatment exponentially increases your ability to forge a trusting relationship. Once a relationship is established, getting answers to essential questions, making a diagnosis or referral, initiating treatment and managing the illness significantly increases that warriors' opportunity for

healthier outcomes (i.e., improved ability to engage with family and friends, attend social events, maintain employment, avoid trouble with law enforcement, etc.). In addition, other negative behaviors (i.e., substance misuse, depression, physical violence, suicide, etc.) are minimized.

Dr. Ron Koshes [Video Introduction Create Sub Title](#): (MOVED UNDER TIME STAMP 41:57)

Before we end this segment, I wanted to have you see a video, which is titled Outside the Wire. It's about a female dealing with post traumatic stress disorder, the impact on her life and others like her. It's an evocative video made to get you to think about if you were the healthcare provider working with this individual what type of questions you would ask and what sort of preparation would you give this individual for dealing with treatment.

Dr. Ron Koshes: [49:20](#)

Dr. Ron Koshes: [50:21](#)

Tina Malave: [46:15](#)

Tina Malave: [47:01](#)

Genevieve Chase: [47:11](#)

Jennifer Hogue: [47:18](#)

Jessica S.: [47:19](#)

Speaker 15: [47:19](#)

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Joyce Irwin: [47:26](#)

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Jennifer Hogue: [48:53](#)

Speaker 1: [56:00](#)

Military culture is an important part of the healthcare experience if you practice in a location where service members, Veterans and their families will be your patients. Research has demonstrated that many factors influence how one experiences, reacts to, and accepts treatment for PTSD, TBI, depression and anxiety. These influential factors include age, trauma history, gender, environment, trauma and culture. Cultural elements are critically important in accounting for the many variations and how the symptoms of PTSD, TBI, depression, and other mental and behavioral health conditions are experienced, understood, and communicated.

Speaker 1: [56:28](#)

In addition, culture helps define what an individual considers a disability and the assumptions they make about illness and appropriate treatment. It also impacts their view toward the overall value of a healthcare system. In this module, Military and Veteran Culture in the Clinical Setting, providers, allied health team members and support services personnel will have a more precise understanding of the ability to identify who is at risk for various mental health conditions based on military service, the ability to clearly understand the available tools and when they are appropriate to use and the insight to more completely understand military culture and the stressors imposed on the men, women, families and caregivers who serve.

Dr. Ron Koshes: [49:20](#)

Dr. Ron Koshes: [50:21](#)

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