

# Forging Alliances with Veteran Patients



## “Do”

### ★ Normalize PTSD in relation to their service

- ★ Normalize PTSD by explaining it clearly and concisely

### ★ Acknowledge strength in seeking assistance

- ★ Point out every achievement and encourage continuation of care

### ★ Emphasize optimism regarding treatment outcomes

- ★ Optimism has been shown to be related to better health - both physical and mental

### ★ Ask open-ended questions about their service

- ★ Let them tell their story

### ★ Recognize signs/symptoms of mental distress, SUD, and share specific observations

- ★ Screen all veteran patients for PTSD, MST, SUD and TBI

### ★ Avoid medical and psychiatric terminology (jargon)

- ★ Use clear language

### ★ Respect military slang

- ★ Ask questions if unfamiliar but don't interrupt during pivotal moments and respect the whole individual

### ★ Avoid references to negative press or images about military or veterans

- ★ Not all veterans are the same, be sure to avoid stereotypes reinforced by negative images and press

### ★ Understand that YOU are being assessed too

- ★ Patient perceived physician empathy, interaction and relationships count for a lot



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## “Don’t”

- ★ **Underestimate their ability to understand psychological terms**
  - ★ Make veteran patients feel like they are a part of their own treatment
- ★ **Ask “Did any of your friends die?” or “Did you see people die?”**
  - ★ This question is very personal and could provoke traumatic memories
- ★ **Make assumptions about how their deployment affected them**
  - ★ Discharge status ★ Combat experience ★ Interpersonal relationships
- ★ **Assume they were in combat**
  - ★ Not all injuries come from combat
- ★ **Act as if you are the greater expert on military or overseas conflicts**
  - ★ Remember the service member is the expert in his/her own military story
- ★ **Use military “slang/jargon”**
  - ★ Either a turn off or distraction from real situations
- ★ **Generalize their experiences to be the same as others**
  - ★ Their experiences are distinctive and theirs alone
- ★ **Use negative labels or stereotypes**
  - ★ Every patient and veteran is an individual
- ★ **Use terms such as “issue”**
  - ★ Instead of “issue” use “situation” or say “tell me what’s going on”
  - ★ Choose language that does not stigmatize or pathologize—Do not treat a symptom as an indication of a disease or disorder