



Taking Care of our Military Veteran Clients

RECENT FINDINGS AND PRACTICAL APPLICATION FROM ACES RESEARCH

Our Team

Daniel M. Kinjorski

**Therapist @
Sunrise Counseling Services, LLC**

Ph.D. Candidate

Trevecca Nazarene University

Jake Elliot and Roxy

**Therapist/Therapy Dog Team @
Sunrise Counseling Services, LLC**

**MS Clinical Mental Health
Counseling**

Austin Peay State University



Marcy Steffy

**Therapist @
Safe Harbor of Hope Counseling**

**MA Clinical Mental Health
Counseling, RN, CCM**

Pentecostal Theological Seminary

Agenda



Definition

Adverse Childhood Experiences Questionnaire (ACEQ) is a self-report questionnaire authored by Felitti and associates in 1998

It measures exposure to adverse experiences before age 18 and studies the relationship between ACEs and adult diseases by Felitti and others

Definition

- The ACEQ has questions about psychological, physical, and sexual abuse and household dysfunctions of substance abuse, mental illness, mother treated with violence, and behavior in the home (Felitti et al., 1998).

Definition

If a client answers yes to a question, the client has then identified an ACE. The total amount of "yes" selections are the total amount of ACEs.

Please see handout.

Recent Literature on ACEs

Prevalence, Correlates, and Treatment of Suicide Behavior in US military Veterans: Results from the 2019-202 National Health and Resilience in Veterans Study. Nichter et al., 2021

- n = 4069
- Looked at the prevalence and correlates of suicidal behaviors in the general US veteran population.
- Most prevalent among young 18-44 years old. Nearly 1 in 5 veterans reported contemplating suicide in past 2 weeks (when filling out survey). 1 in 10 veterans has attempted suicide, according to this research.
- According to this research, two-thirds of veterans in the U.S. w/current SI are not engaged in any form of mental health treatment.
- Veterans with SI, and reported the VA as their primary source of health care were more than twice as likely to be currently engaged in mental health treatment compared to VA non-users.

Recent Literature on ACEs

Prevalence, Correlates, and Treatment of Suicide Behavior in US military Veterans: Results from the 2019-202 National Health and Resilience in Veterans Study. Nichter et al., 2021 (Cont.)

Current Suicide Ideation	Lifetime Suicide Plan	Lifetime Suicide Attempts
Lifetime MDD	Lifetime MDD	Lifetime MDD
Lifetime PTSD	Age	Age
Activities of Daily Living (ADL)	ACEs	Lifetime AUD
Instrument Activity of Daily Living	Lifetime PTSD	ACEs
AGE	Lifetime DUD	Traumas
ACEs	Race/Ethnicity	Income
Lifetime DUD TBI Income Sex Race/Ethnicity		TBI ADL/IADL Disability Enlistment Status

Recent Literature on ACEs

Childhood trauma and the role of self-blame on psychological well-being after deployment in male veterans. Dorresteijn et al., 2019.

- N=863
- This is not from ACEs, but important information regarding a result of experiencing adversity in childhood.
- They used the Early Trauma Inventory Self-Report (ETISR-SF; Bremner, Bolus, & Mayer, 2007; Bremner, Vermetten, & Mazure, 2000). The difference between ACEs and the ETISR-SF is that ETISR-SF includes general trauma (accidents).
- Authors hypothesized that early traumatic experiences are related to psychological symptoms in adult life via the development of specific maladaptive coping strategies. They also predicted that the occurrence of psychological symptoms after experiencing adverse events during military deployment would be moderated by coping strategies.

Recent Literature on ACEs

Childhood trauma and the role of self-blame on psychological well-being after deployment in male veterans. Dorresteijn et al., 2019. (Cont.).

- 86% 1> adverse childhood experience
- 44% 1> forms of physical abuse (n=381)
- 6% Sexual abuse (n=50)
- 22% Emotional abuse (n=184)
 - Emotional abuse was a predictor of depression & Interpersonal sensitivity
- Self-blame as a coping strategy was found to be a significantly related to early trauma.
 - Cronbach alpha was poor, which concerns a few of the questions, not representing the behavior.

Recent Literature on ACEs

Childhood trauma and the role of self-blame on psychological well-being after deployment in male veterans. Dorresteijn et al., 2019. (Cont.).

- Emotional and Sexual abuse appeared to be most important in the development of self-blame.
- Early trauma, specifically emotional abuse – was related to the development of symptoms of anxiety, depression, and interpersonal sensitivity.
- Self-blame was related to vulnerability to combat events. For example, an individual with higher self-blame showed stronger increase in symptoms with combat related events, specifically symptoms of anxiety and depression.

Recent Literature on ACEs

The relation between adverse childhood experiences and moral injury in the Canadian Armed Forces. Battaglia et al., 2019.

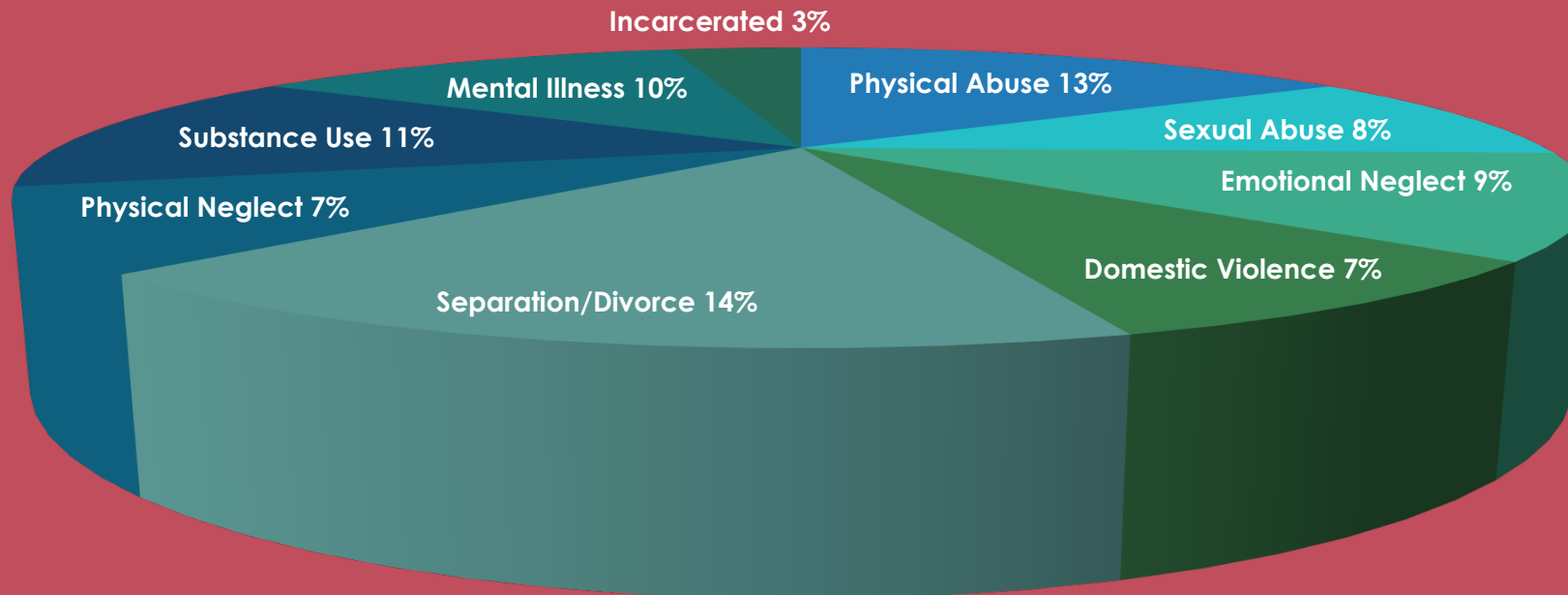
- **n=33, inpatient treatment for trauma related disorders.**
- **Authors hypothesized that exposure to ACEs, as measured by ACEQ, Felitti et al., 1998., would be associated with elevated levels of Moral Injury (MI) among this sample.**
- **Moral Injury Events Scale (MIES; Nash et al., 2013). Self-report that measures perceived transgressions that include witnessing or committing acts, or failing to act in ways that violate one's internal moral code. It also measures perceived betrayals that may related to leaders, fellow soldiers, or those outside the military.**

Recent Literature on ACEs

The relation between adverse childhood experiences and moral injury in the Canadian Armed Forces. Battaglia et al., 2019. (Cont.).

ACES & MORAL INJURY

Emotional Abuse 16% Physical Abuse 13% Sexual Abuse 8% Emotional Neglect 9% Physical Neglect 7%
Separation/Divorce 14% Domestic Violence 7% Substance Use 11% Mental Illness 10% Incarcerated 3%



Recent Literature on ACEs

The relation between adverse childhood experiences and moral injury in the Canadian Armed Forces. Battaglia et al., 2019. (Cont.).

ACE-Q Items (questions) that correlated with the Moral Injury

- Emotional abuse was significantly positively correlated with the MIES total score, and with betrayals and transgressions.
- Authors noted a clinical implication: an emotionally abused child may internalize feelings of guilt and shame, developing a schema such as, “I am no good.” Events in combat may reactivate these same core beliefs, which may increase the risk of Moral Injury.

Recent Literature on ACEs

The Impact of Adverse Childhood Experiences (ACEs) and Combat Exposure on Mental Health Conditions Among New Post-9/11 Veterans. Aronson et al., 2020.

- N= > 47,000 participants

Hypotheses:

- Majority of female veterans would report having experienced at least one ACE, whereas fewer male veterans would also report such exposure.
- Female veterans would endorse experiencing a higher percentage of each type of ACEs compared with male veterans
- Veterans' exposure to combat would increase the likelihood of mental health problems
- Veterans who experience more types of ACEs would have increased odds of having probable mental health problems.
- Resilience would decrease the odds of having mental health problems.

Recent Literature on ACEs

The Impact of Adverse Childhood Experiences (ACEs) and Combat Exposure on Mental Health Conditions Among New Post-9/11 Veterans. Aronson et al., 2020. (Cont.)

Post-9/11 veteran exposure to ACEs

- First/Second Hypothesis was supported 59% Female Veterans, and 39% reported exposure to at least 1 ACE.
- 22% Female veterans, sexual abuse,
- 6 % male peers.
- 43% female veterans and 26% male exposed to 2+ ACEs.
- All types of ACEs were more prevalent for female veterans than male veterans.
- Emotional abuse, FOO MH, Alcohol abuse, emotional neglect, & physical abuse were the most common experience ACEs

Recent Literature on ACEs

The Impact of Adverse Childhood Experiences (ACEs) and Combat Exposure on Mental Health Conditions Among New Post-9/11 Veterans. Aronson et al., 2020. (Cont.)

Relationship among ACEs, combat exposure, and probable PTSD

- Veterans who experienced combat patrol events were more than 2x as likely to have PTSD. F/V who saw wounded, 86% chance for PTSD, M/V who saw wounded were twice as likely for PTSD.
- Veterans (F/M) who scored high in resilience were significantly less likely to have probable PTSD than those with average resilience.
- F/V exposed to 3 ACEs were 1.9x probable PTSD compared to those with 0 ACEs
 - 4+ = 2.7 x more likely

Recent Literature on ACEs

The Impact of Adverse Childhood Experiences (ACEs) and Combat Exposure on Mental Health Conditions Among New Post-9/11 Veterans. Aronson et al., 2020. (Cont.)

Relationship among ACEs, combat exposure, and probable PTSD (cont.)

- M/V exposed to 1 or 2 ACEs were 31% more likely to have probably PTSD / peers 0 experience
- M/V w/3 ACEs were 2 x as likely to have probably PTSD (4+ACEs were 3 x as likely)
- F/V from Navy/Marines were more than likely to have probably PTSD compared w/ Army
 - Most Jr enlisted paygrades were more susceptible to PTSD
- M/V, E-5, E-6, and officers were less likely to have PTSD
- Black NH, and Multiracial NH veterans w/medical discharge were 73% more likely to have probable PTSD - Relative to those with an honorable discharge.

Recent Literature on ACEs

The Impact of Adverse Childhood Experiences (ACEs) and Combat Exposure on Mental Health Conditions Among New Post-9/11 Veterans. Aronson et al., 2020. (Cont.)

Relationship among ACEs, Combat Exposure, and Probable Depression

- F/V who experienced combat patrol events were more than 2x as likely to have probable depression compared to non-combat patrol peers.
- M/V exposed to combat corollaries were 60% more likely to have depression.
- Veterans with high resilience were significantly less likely to have probable depression.
- Veterans with 3+ ACEs were more than 2x as likely to have depression compared with those with no exposure.

Recent Literature on ACEs

The Impact of Adverse Childhood Experiences (ACEs) and Combat Exposure on Mental Health Conditions Among New Post-9/11 Veterans. Aronson et al., 2020. (Cont.)

Relationship among ACES, Combat Exposure, and Probable Depression (cont.)

- F/V from the Navy were 87% more likely to have probable depression.
 - w/Med discharge, 86% more likely to have probable depression than peers with honorable discharge.
- M/V with medical discharge were nearly 3x more likely to have probable depression.
- Middle Eastern, Native American Indian – were 4x more than likely to have probable depression.
- Black and Hispanic male veterans were 63% and 66% more likely to have probable depression, respectively.

Recent Literature on ACEs

The Impact of Adverse Childhood Experiences (ACEs) and Combat Exposure on Mental Health Conditions Among New Post-9/11 Veterans. Aronson et al., 2020. (Cont.)

Relationship among ACES and Probable Anxiety

- F/V, who experienced combat patrol events, 67% more likely to have anxiety
- M/V, who experienced combat patrol events & corollaries of combat, 37% & 45% more likely have anxiety than those with no combat exposure.
- Veterans with high resilience were less likely to have anxiety.
- M/V, exposed to 1-2 ACEs were 36% more likely to have anxiety, compared to 0 ACEs
- F/V, 3 ACES, 2.2x more likely
- 4+ ACEs, were more than 2x as likely to have anxiety, compared to vets with no ACEs.

Recent Literature on ACEs

The Impact of Adverse Childhood Experiences (ACEs) and Combat Exposure on Mental Health Conditions Among New Post-9/11 Veterans. Aronson et al., 2020. (Cont.)

Relationship among ACES and Probable Anxiety (Cont.)

- **Warrant officers, compared to F/V from most Jr enlisted paygrades, were 5x more likely to have probable anxiety.**
- **F/V who had general, other than honorable, or medical discharge were 2 x as likely**
- **M/V who had medical discharge who had med discharge were 2 x more likely**
- **Black NH and Hispanic veterans were 40% & 33% more likely to have anxiety respectively.**

Recent Literature on ACEs

The Impact of Adverse Childhood Experiences (ACEs) and Combat Exposure on Mental Health Conditions Among New Post-9/11 Veterans. Aronson et al., 2020. (Cont.)

Relationship among ACEs, combat, and probable alcohol misuse

- M/V with combat exposure were 37% more likely to have alcohol compared with V with no alcohol exposure.
- Highly resilient M/V were significantly less likely to have alcohol misuse problems.
- F/V with 4+ ACEs exposure were 54% more likely to have probable alcohol misuse. Compared to those exposed to 0 ACEs.
- M/V, ACEs were not associated with probable alcohol misuse.

Recent Literature on ACEs

The Impact of Adverse Childhood Experiences (ACEs) and Combat Exposure on Mental Health Conditions Among New Post-9/11 Veterans. Aronson et al., 2020. (Cont.)

Relationship among ACEs, combat, and probable alcohol misuse (Cont.)

- **M/V, from Navy were 61% probable alcohol misuse; Marines were 52% more likely to have alcohol misuse problems compared to Army peers.**
- **Veterans in Senior Office ranks were nearly twice as likely to have alcohol misuse.**
- **F/V w/general or other than honorable discharge- nearly 3x more likely to have alcohol misuse, compared to those honorably discharged. Black NH or multiracial F/V significantly less likely to have alcohol misuse compared to White NH veterans.**
- **Black NH, Hispanic, & Asian NH M/V were significantly less likely to have alcohol misuse compared to White NH Veterans.**
- **Combat Arms occupation = 37% more likely to have alcohol misuse.**

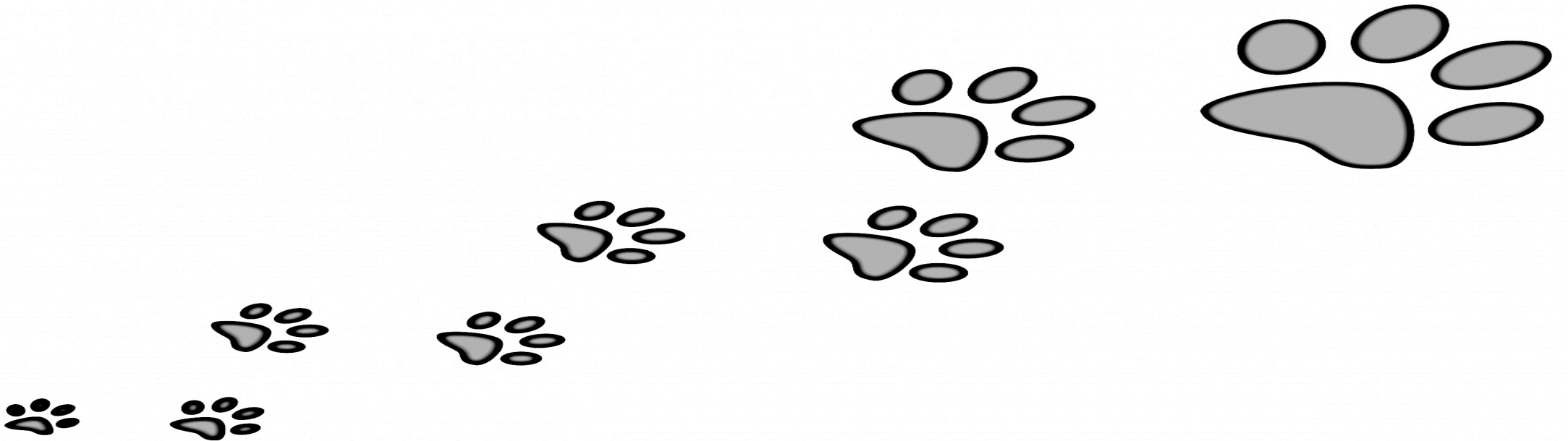
Tips for working with Veterans

1. Explore resiliency with the veteran. Assist the veteran with increasing resiliency.
2. Always check for suicidality.
3. Encourage the use of the VA Hospital systems.
4. Explore and Encourage the use of Psychopharmacology.
5. Please, do not neglect the use of the ACE-Q, self-report. If the veteran scored zero, explore ACEs anyway.
6. If there is sexual or emotional abuse in the past, explore for self-blame.
7. Anxiety, depression, and interpersonal sensitivity can be a result of ACEs.
8. Observe for, or explore, internalized feelings of guilt and shame. Schema's such as "I am no good."
 - a) Any connected to ACEs?
9. Allow the veteran to share their combat stories without judgment. Always ground to the present after they share.
10. All veterans have a story, listen. "You are too urban to be an officer."
11. The more ACEs the more likely the veteran will wrestle with anxiety and depression.

Case Study

Jake & Roxy

Therapy Dog Team



Client's ACEQ Responses

Adverse Childhood Experiences (ACEs) Assessment


This questionnaire is completely anonymous, and your answers will not be shared with anyone. We want to use this information to improve your Treatment services.

The Center for Disease Control's Adverse Childhood Experience (ACEs) Study has identified 10 kinds of traumatic events that often occur in families that are "stressed out" by things like substance abuse, extreme poverty, mental illness, being homeless, or being moved around all the time. Having things like this happen in childhood can have a lasting effect on your physical and mental health. Take a look at the categories below. Exposure to one type (not incident) of ACE, qualifies as one point. An ACE Score of 0 (zero) indicates no exposure, while an ACE score of 10 indicates exposure to all trauma categories.

INSTRUCTIONS: 1) Identify and list a few of your strengths – how did you survive? Some things about you that you really like? 2) Read the ACE definitions and identify any things you experienced in the family (or families) you grew up in BEFORE THE AGE OF 10. Then enter your score (either zero or 1) for each type of trauma. Add your scores to get your Trauma Dose. 3) Complete the NOW column. 4) Then complete the HOW questions. *You're encouraged to discuss your answers with a Counselor or Therapist.*

1. STRENGTHS:

How old are you now? (Please circle) 6 – 12 13 – 18 19 – 25 26 – 35 36 – 45 46 – 55 56 – 65 66 +

2. ACEs	Did this ever happen to you as a child before you were 10 years old?	Score	3. NOW
Emotional Abuse	Did a parent or other adult in the household often or very often, swear at you, insult you, put you down and/or threaten you in a way that made you think that you might be physically hurt? <input type="checkbox"/> No <input checked="" type="checkbox"/> YES If yes, enter 1 →	1	
Physical Abuse	Did a parent or other adult in the household often or very often...push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured? <input type="checkbox"/> No <input checked="" type="checkbox"/> YES If yes, enter 1 →	1	
Sexual Abuse	Did an adult or person at least 5 years older ever touch or fondle or have you touch their body in a sexual way? <input type="checkbox"/> No <input checked="" type="checkbox"/> YES If yes, enter 1 →	1	
Emotional Neglect	Did anyone attempt or actually have oral, anal, or vaginal intercourse with you? <input type="checkbox"/> No <input checked="" type="checkbox"/> YES If yes, enter 1 →	1	
Physical Neglect	Did you often or very often feel that no one in your family loved you or thought you were important or special? Or your family didn't look out for each other, feel close to each other, or support each other? <input type="checkbox"/> No <input checked="" type="checkbox"/> YES If yes, enter 1 →	1	
Mother Treated Violently	Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or your parents were too drunk or high to take care of you or take you to the doctor if you needed it? <input type="checkbox"/> No <input checked="" type="checkbox"/> YES If yes, enter 1 →	1	
Household Substance Abuse	Was your mother or stepmother often, or very often pushed, grabbed, slapped; or had something thrown at her? Sometimes, often, or very often kicked, bitten, hit with a fist or something hard? Ever threatened or hurt by a knife or gun or other weapon? <input type="checkbox"/> No <input checked="" type="checkbox"/> YES If yes, enter 1 →	1	
Household Mental Illness	As a child, did you ever live with anyone who was a problem drinker or alcoholic or lived with anyone who used street drugs? <input type="checkbox"/> No <input checked="" type="checkbox"/> YES If yes, enter 1 →	1	
Parental Separation/Divorce	Was a household member ever depressed; mentally ill or sent to a mental hospital? <input type="checkbox"/> No <input checked="" type="checkbox"/> YES If yes, enter 1 →	1	
Incarcerated Household Member	Has a family member ever attempted suicide? <input type="checkbox"/> No <input checked="" type="checkbox"/> YES If yes, enter 1 →	1	
	As a child, were your parents ever separated (didn't live together) or divorced? <input type="checkbox"/> No <input checked="" type="checkbox"/> YES If yes, enter 1 →	1	
	Did a household member ever go to prison, or was constantly in and out of jail? <input type="checkbox"/> No <input checked="" type="checkbox"/> YES If yes, enter 1 →	1	
	TOTAL ACE SCORE		

3. NOW: Across each row that you marked, how often does this experience of childhood trauma bother you in your life today?
1 – Never or almost never 2 – Hardly Ever 3 – Some of the time 4 – Most of the time 5 – Always or almost always

4. HOW: How has this trauma affected your life? Have you:
Been admitted to residential substance abuse Treatment? ☐ No ☒ YES How many times? _____
Admitted to a mental hospital or Crisis Center? ☐ No ☒ YES How many times? _____
Gone to jail for a week or more? ☐ No ☒ YES How many times? _____
Attempted suicide? ☐ No ☒ YES How many times? _____
Been admitted to the hospital or ER for accident or illness? ☐ No ☒ YES How many times? _____

Thank you for your courage and honesty in sharing your experience...if this is still troubling you, ask for help!

Aces and Veterans: A Case Study

1. Client Demographics and Pertinent Information:

1. 21y/o Caucasian Male, Highschool Graduate, Engaged to fiancé, Lives in Barracks with roommate.
2. No religious/spiritual concerns/preferences.
3. Active Duty E4/SPC in the U.S. Army (at the time of intake)
 - A. No combat deployments
4. Multiple Traumatic Experiences beginning in childhood, and persisting through adolescence, into adulthood.
5. No familial mental health history.
6. No significant familial relationships outside of fiancé, and fiancé's family members.

Aces and Veterans: A Case Study

2. Client's Presenting Subjective Symptoms Report:

1. Worsening depressive symptoms
2. Poor sleep
3. Bouts of anger
4. Increased anxiety
5. Intrusive thoughts
6. Low self-esteem
7. Poor self-image
8. Loss of enjoyment

Aces and Veterans: A Case Study

3. Therapy Dog Assisted Treatment & Efficacy

1. Relevant Neurotransmitter's when interacting with a Therapy Dog:

- A. Serotonin (Petting)
- B. Dopamine (Petting)
- C. Oxytocin (Eye Contact)

2. Physiological Ques for Therapy Dog Intervention include:

- A. Intuition
- B. Body language and context clues
- C. Pheromone release due to Emotional Activation

3. Applicable Therapy Dog Assisted Intervention Techniques include:

- A. Physical and Emotional Grounding
- B. Deep Pressure Therapy (Furry weighted blanket)
- C. Unconditional Positive Regard/Positive Relationship Building

Aces and Veterans: A Case Study

4. Considerations before Therapy Dog Assisted Treatment:

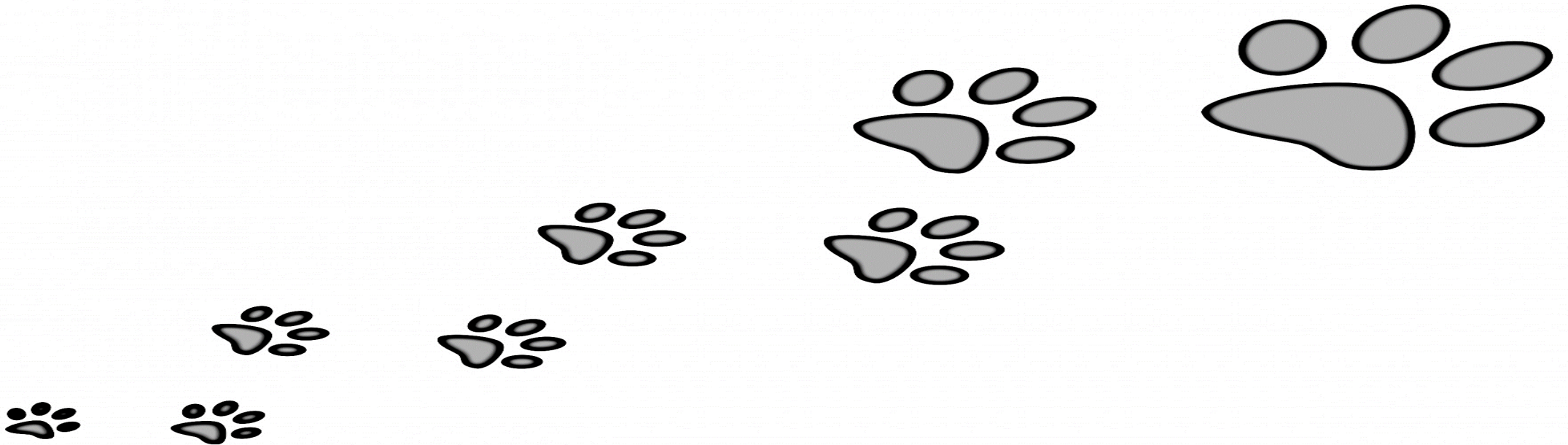
1. Adverse experiences with dogs in client history.
2. Client reports fear of dogs.
3. Client reports allergy to dogs.
4. Client's age/maturity level.

5. Therapy Dog Assistance Treatment Impacts and Clinical Outcomes:

1. Increased strength of therapeutic relationship. Increased therapeutic rapport.
2. Increased client confidence in therapeutic process.
3. Increased efficacy in grounding after trauma-induced dissociation.
4. Increased client comfort in deeper-level processing surrounding past traumatic experiences, and emotionally activating events.
5. Client reported overall symptoms reduction.

Aces and Veterans: A Case Study

Questions?



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