



'Can Do' for Veterans

Alternate case stories for
'Can Do' for Young People Families and Carers

Unit one: where do we start?

Unit one - Jodie: Daughter of a peacekeeper

Case story

When I wake up, it's just black. Life's just black. It's really hard to get up and even harder to make it to school. But there's no way I'd tell Mum about it. You can't tell her anything or she'll just go off. Dad used to be the nazi but since Mum served in Timor, it's different. It's like he's trying to be the calm one. Mum used to be so funny and like a girlfriend but now she's stressed all the time. I know she has to take pills but they're not doing any good.

She has to control everything. Like even where you put the milk in the fridge. She freaks if it's on the wrong shelf. You can never do anything right. And then, she'll lose it over really little shit. One minute you're just talking and you think its okay. And the next she's screaming and slapping you across the face. That happened last week because she said I should be more grateful. I'm so sick of hearing about those poor little kids in Timor. What about me?

So I just steer clear of her and at night, I sneak out. I meet up with my friends, they're older and they can get booze. We do stuff that I never thought I would...stuff that I guess is stupid. I used to feel guilty about all that... and about my Mum. But now I don't really care what happens. It's all screwed up anyway.

Points for discussion

1. What are the important issues here for Jodie?
2. If Jodie was talking to you in your service, how would you engage with her?
3. What are the risks and what assessments might you make?
4. What interventions might be useful?
5. Would you involve her family?
6. How can Veteran and Veterans Families Services (VVCS) help?
7. What other support could local health and community services offer to Jodie at this point and how would you access them?

Unit one: Facilitator's notes

Story Vignette – feedback session

- The points for discussion are to trigger group discussion.
- Use the whiteboard to write up main ideas.
- The facilitator's notes below are to direct discussion and prompt further explanation of important issues.
- Ensure only one participant speaks at a time and is heard by the entire group. Be aware of who is speaking and who is not.
- Invite participation from everyone.
- Reflect and if necessary rephrase the participant's comment to link its relevance to the topic.

Be sure to allow the different aspects of care on offer from the various service providers in the room. Encourage them to think about how these fit together. Eg a youth service may be able to offer a number of services but how would they link Jodie up with a GP and put her family into contact with VVCS? Do they know what a GP can offer and how they can refer to specialist mental health services if necessary? Ask a GP participant to explain and to talk about the use of care plans and referral pathways when working with patients with mental health and substance use problems.

Facilitator's trigger questions

- Discuss Jodie's story - what other history would participants want to find out?
- Discuss Jodie's age – this is not given in the vignette except through the reference to 'school' and 'older friends who can get alcohol'. What differences might there be if she is 15 or if she is 16-17?
- Discuss issues of confidentiality and of family involvement.
- Spend some time on ways to engage and establish trust with Jodie. Refer back to the earlier presentation in this unit.
- Make it clear that this is not a situation that can be resolved in one consultation or meeting.
- What do you think Jodie means by 'doing stuff I never thought I would'? Discuss.
- How would participants explain the risks to Jodie of using alcohol and other drugs when you are depressed.
- Consider the family context and the fact that Mum is a 'veteran' – note that peacekeepers are veterans too.
- Do participants know what VVCS has on offer for families of veterans?
- Ask any DVA or VVCS participants to explain what they have to offer?
- Outline some immediate steps that could be put in place for Jodie and also longer term strategies.



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**Alternate case stories for
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Unit two: how can we help?

Unit two - Vanessa: 23 year old Iraq veteran (voluntary discharge)

Case story

I did a pregnancy test and it was positive but I'm not sure what to do. My boyfriend Jake and I are fighting a lot. I wouldn't be the easiest person to live with. He says I'm always stressed out.

He's probably right. Everything annoys me at the moment. It's like I can't control it. I held it together a bit better while I was in the Navy but now that I'm out and no-one's watching the lid's off the box. Like not long ago, my Mum rang to say my old dog died and I just lost it when I heard. Like lost it in a scary way.

Being so tired doesn't help, I know that. I don't sleep great - there's the sweats and the nightmares. Most nights Jake ends up on the lounge. If I think about it, it's a miracle I got pregnant at all. We drink a bit but its speed that keeps me going. I'm taking a lot lately. I just lost my third job in six months. I'm not likely to get another now that I'm pregnant either. Besides I really don't feel like facing a whole set of new people again and having to explain to them all the time what Iraq was like. It brings back too much.

Jake reckons I've never been the same since Iraq. He says that he wants the old 'me' back. But I don't know where she is. I can't explain it to him either. I clam up. It's like I can shout at him but I can't talk to him. I don't know what's going on...

Points for discussion

1. If Vanessa told you this story, what would your response be and what could your service offer?
2. What are the risks to Vanessa's mental and physical health and to that of her unborn child?
3. Discuss the impact her drug use may have on her mental and physical health.
4. What kinds of assessment would be suitable to get a full picture of Vanessa?
5. What particular issues would you consider because Vanessa is an ex service woman who has been involved in conflict at an early age?
6. Describe the options open to Vanessa for her pregnancy – who can assist her in her decision?
7. How would you work with her to develop a care plan that can provide her with easy to access optimum health and community support?

Unit two: Facilitator's notes

Story Vignette – feedback session

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- Ensure only one participant speaks at a time and is heard by the entire group. Be aware of who is speaking and who is not.
- Invite participation from everyone.
- Reflect and if necessary rephrase the participant's comment to link its relevance to the topic.

Be sure to allow the different aspects of care on offer from the various service providers in the room. Encourage them to think about how these fit together. E.g. a youth service may be able to offer a number of services but how would they link up with a GP and put the family into contact with VVCS? Do they know what a GP can offer and how they can refer to specialist mental health services if necessary? Ask a GP participant to explain and to talk about the use of care plans and referral pathways when working with patients with mental health and substance use problems.

Facilitator's trigger questions

- Discuss Vanessa's story - what other history would participants want to find out?
- Ask participants to refer back to the use of the HEADSS assessment and how this would help them collect a full picture of Vanessa's health and wellbeing.
- Would they use other assessment tool in their services?
- What else should participants find out about Vanessa's mental health and drug use?
- Have participants clearly identified the main risks for Vanessa and her unborn child at this time?
- How could the stages of change model be linked to Vanessa's situation and how could participants use this model to engage with Vanessa?
- Do participants know what VVCS has on offer for women like Vanessa?
- Outline some immediate steps that you could work on with Vanessa and also longer term strategies.
- What other service in the area could you link her into or refer her to?



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**Unit three: Families and Carers –
how can we support and include them?**

Unit three - Gillian: Mother of a young veteran

Case story

Every day I've got these bad headaches. I wake up with them and they're the worst I've ever had. Even the Panadeine Forte doesn't lift them and I know I'm taking too many. But I've got to get to work. I bring the money in.

Since my son Callum has come to live with us, there's a lot of strain. I don't know what to do. He was hardly back from Iraq and he was knocking on the door. I don't know the details of his discharge. Why it happened or whether it was medical. He won't open up. He's only just out of his teens really but now his behaviour's got that hard grown up 'macho' edge to it. He's a different person. Totally. He's so edgy all the time and you say boo and he can get into these rages. It scares me. He's taking pills. He says they're prescribed but he's not seeing any doctors. And I know he's having nightmares because I'm not sleeping myself and I hear him in his room.

I never thought I'd say this but I'm thinking of telling him he has to find his own place. If it was just me, okay. But there's his sister. She's fifteen and I've got to think about her. She's hard to manage and I know she's drinking – she thinks she's twenty-one already. I was just starting to get through to her but now that Callum is coming in and laying down the law...? . He's pushing and pushing and she won't take it.

They both need me but which one do I choose?

Points for discussion

1. What are the important issues here for Gillian?
2. If Gillian were talking to you in your service, how would you engage with her?
3. What are the risks and what assessments might you make?
4. What interventions might be useful?
5. Would you involve her family including Callum?
6. How can Veteran and Veterans Families Services (VVCS) help?
7. What other support could local health and community services offer to Gillian at this point and how would you access them?

Unit three: Facilitator's notes

Story Vignette – feedback session

- The points for discussion are to trigger group discussion.
- Use the whiteboard to write up main ideas.
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- Invite participation from everyone.
- Reflect and if necessary rephrase the participant's comment to link its relevance to the topic.

Be sure to allow the different aspects of care on offer from the various service providers in the room. Encourage them to think about how these fit together. E.g. a youth service may be able to offer a number of services but how would they link up with a GP and put the family into contact with VVCS? Do they know what a GP can offer and how they can refer to specialist mental health services if necessary? Ask a GP participant to explain and to talk about the use of care plans and referral pathways when working with patients with mental health and substance use problems.

Facilitator's trigger questions

- Discuss Gillian's story - what other history would participants want to find out about Gillian?
- Make sure participants focus on Gillian's health and wellbeing rather than being deflected to discuss the son's health issues.
- Discuss issues of confidentiality and of family involvement.
- Family members sometimes feel overwhelmed by their responsibilities to their children – what kind of reassurance and support can participants offer. Refer back to the CRASH mnemonic.
- What practical strategies can participants provide to Gillian to help with her relationships with her children?
- Raise the possibility of domestic violence – is this an issue? If so what duty of care do participants have?
- Do participants know what VVCS has on offer for families of veterans?
- Ask any DVA or VVCS participants to explain what they have to offer.
- Ask participants to list family support services available in their area and refer them to Family Drug Support as a national group that offers telephone support .
- Outline some immediate steps that could be put in place for Gillian and also longer term strategies.