



**MARK A. STEBNICKI**

**CLINICAL  
MILITARY  
COUNSELING  
GUIDELINES FOR PRACTICE**



AMERICAN COUNSELING  
ASSOCIATION  
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# CLINICAL MILITARY COUNSELING

## GUIDELINES FOR PRACTICE

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# DEDICATION

To all my family members who have served in the  
U.S. Army, Navy, and Marines.

To all those serving now and who have served in the  
U.S. Armed Forces.

To the unseen service of those professionals who serve  
the military community.

To my wife Bonnie, daughter Sarah, son Mark D., and  
their loving spouses (Brandon and Leigh), and to my grandson  
Noah, who is a new light shining in this world.





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# PREFACE

In the early morning hours of September 11, 2001, one of the deadliest attacks in the history of the United States took place, in which 2,977 Americans were killed, and more than 6,000 others were severely injured, causing permanent chronic illnesses and disabilities. Two commercial jetliners, American Airlines Flight 11 and United Airlines Flight 175, were hijacked by 19 al-Qaida terrorists and crashed into the North and South Towers of the World Trade Center in Lower Manhattan. It took only about 90 minutes for the Twin Towers to burn and collapse. A third jetliner, American Airlines Flight 77, crashed into the Pentagon, which led to a partial collapse of the building's west side. A fourth plane, United Airlines Flight 93, was heading toward Washington, DC, but crashed into a field in Stonycreek Township near Shanksville, Pennsylvania, where several heroic passengers thwarted the terrorist hijackers' efforts. Hence, the global war on terrorism ushered in the 21st century.

American citizens are now in the crosshairs of asymmetrical radicalized enemy combatants spreading hate throughout the globe perpetrated by extremist groups that go by the names of ISIS (Islamic State of Iraq and Syria), ISIL (Islamic State of Iraq and the Levant), the Taliban, Al-Shabaab, al-Qaida, and Boko Haram. The U.S. military is duty bound to bring the fight to places such as Afghanistan, Iraq, Syria, and many parts of Africa.

At the time of this writing, the Coronavirus (COVID-19) pandemic has emerged as a significant concern during its first wave of infection. The medical, physical, and mental health of military and civilians alike have been compromised. Health care workers are challenged by a lack of resources (e.g., hospital beds, N95 masks, ventilators) and readiness

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to fight this common viral enemy. From a military logistics, planning, and unified command and control perspective, COVID-19 requires a highly organized and collaborative effort between civilians and the military to activate a disaster response to fight a biological enemy. At times in the United States and around the globe, COVID-19 has mimicked a zombie apocalypse as seen in Hollywood-style movies. Overall, the military has an important role in filling medical gaps in service through use of materials, medical treatment facilities on land and water, medical personnel, and other resources.

I propose that we are in a paradigm shift in the counseling and psychology profession. We have trauma fatigue, which is a new type of complex acute and posttraumatic stress requiring vital healing resources. For many, the Earth does not feel like a safe place to live. Global terrorism and pandemics have fundamentally altered and behaviorally changed the way in which we live our everyday lives. This transformation is apparent in airports, shopping malls, schools, restaurants, entertainment venues, federal and state buildings, and other institutions. Homegrown terrorism is on the rise in the United States, requiring teams of first responders, disaster mental health specialists, and critical incident stress debriefers. Our own historical trauma from September 11 is reinforced and magnified by 24-hour media coverage unfolding in real time. We are consumed with graphic images of horrific scenes of terrorist attacks, wars, civil unrest, and other conflicts around the globe.

After more than 20 years of war and mission creep (i.e., the gradual expansion of a mission beyond its original scope), we have a multigenerational group of military service members and veterans who have fought in Operation Iraqi Freedom, Operation Enduring Freedom, Operation New Dawn, and Operation Inherent Resolve (which started in August 2014). There were many wars that came before these operations, and many more will follow. At this point in the war on terrorism, there are two generations of parents and their children who potentially could be enlisted together as well as training and fighting alongside one another. The long-term mental, physical, and psychological effects of warfighting are mapped into our mind, body, and spirit.

So, who are the people who represent the less than 2% of Americans in the U.S. Armed Forces? Who are the individuals who volunteer to defend the security of the United States and swear an oath to fight enemies, both foreign and domestic? The foundation for this book was inspired by family members, friends, and clients who have served in the military. My extensive experiences as a counselor educator, researcher, and practitioner working with active-duty Marines, veterans, veterans with disabilities, and military families are memorialized in this book. The designation of *clinical military counselor* throughout this book depicts professionals who work in the fields of mental health, rehabilitation, clinical addiction, and school counseling as



well as psychologists, social workers, and other behaviorally licensed practitioners.

Presently, we need “all hands on deck” to train up for Operation Military Counseling. I coined this mission in 2015 when I developed the Military and Trauma Counseling certification program at East Carolina University. This mission expanded in 2016 to the Clinical Military Counseling Certificate program that I developed, which is offered through the Telehealth Certification Institute of New York.

*Clinical Military Counseling* takes a holistic approach to working with the military. It integrates current research and clinical practice guidelines for working with the medical, psychosocial, spiritual, psychological, vocational, career, family, and cultural aspects of the military. Guidelines for best practices are offered to assist in earning “the circle of trust” of service members and veterans to facilitate screening, prevention, treatment interventions, and other resources for the military community.

*Clinical Military Counseling* discusses new issues related to military medical, physical, behavioral, and psychological health. Complementary and integrative health resources are offered to practitioners for cultivating resiliency and coping skills. These approaches are critical because newer studies suggest that the use of first-line, evidence-based practices treating complex posttraumatic stress disorder (PTSD) are only 30%–50% effective. Studies suggest that 80% of service members and veterans frequently use integrative health approaches, such as mindfulness-based stress reduction, meditation, yoga, Reiki, and acupuncture.

Part I of *Clinical Military Counseling* helps differentiate military versus civilian mental health counseling practices, identifying commonly held societal myths and stereotypes of the U.S. military and discussing the military from a multicultural perspective. Historically, the military culture has reflected mostly White heterosexual men. However, today there is not just one type of military service member. Rather, the military comprises a diverse group of individuals who possess different racial, ethnic, sexual identity, and other cultural characteristics.

Part II of *Clinical Military Counseling* honors the collective wisdom of the expanding clinical military medical and mental health practices. It delivers new directions to clinicians in military policies and resources that reflect current clinical military counseling and psychological practices for the 21st century. Contemporary topics are discussed, such as the neuroscience of military stress and trauma, military suicide and co-occurring mental health conditions, psychosocial aspects of chronic illnesses and disability in veteran health, and the signature disabling conditions of blast and traumatic brain injuries.

Part III of *Clinical Military Counseling* addresses important clinical mental health issues in military life. The integration of spirituality and identification of moral injury, as it relates to military trauma, assists clinical military counselors in healing the mind, body, and spirit

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of service members and veterans. Military families and deployment cycle issues are discussed because of the important role that military families have in creating coping and resiliency skills for military service members and veterans. Other key aspects in Part III explore career transitions in military life and the psychosocial adjustment required to function medically, physically, and psychologically at an optimal level after a career in military service.

The essential strength woven into Part III, as well as into other chapters in *Clinical Military Counseling*, emphasizes how to provide competent and ethical clinical military counseling services. Earning the circle of trust of service members and veterans is underscored throughout this work, demonstrating the essential elements in the assessment, diagnosis, and treatment of complex PTSD and co-occurring mental health conditions.

The concluding chapter on military resiliency and integrative health approaches explores, discusses, and applies vital research on the impact that extraordinary stressful and traumatic events have on active-duty service members, veterans, and military families. There is strong evidence in the research suggesting that integrative health practices are beneficial in decreasing symptoms related to posttraumatic stress, anger, depression, anxiety, and substance misuse behaviors as well as military suicidality. Holistic health approaches—such as mindfulness-based stress reduction, breathing meditation, yoga, animal-assisted therapy, expressive art, and other integrative approaches—provide a new horizon for healing the mind, body, and spirit of service members and veterans.

Overall, the work presented in *Clinical Military Counseling* is a model for training and education in best practice for clinical military counselors. The comprehensive medical, physical, and mental health aspects of this work are driven by research and clinical practice. Clearly, both civilian and military researchers support a wellness agenda for living optimally in mind, body, and spirit throughout one's military career and beyond.



## ABOUT THE **AUTHOR**

**MARK A. STEBNICKI, PhD, LCMHC, DCMHS, CRC, CMCC,** is professor emeritus and former coordinator of the Military and Trauma Counseling certificate program, which he developed in 2015 at the Department of Addictions and Rehabilitation at East Carolina University. Professor Stebnicki also developed the national Clinical Military Counseling Certificate program—a 12-hour continuing education program offered nationally through the Telehealth Certification Institute of New York. Professor Stebnicki is a counselor educator, researcher, and practitioner with more than 30 years of experience in rehabilitation and mental health. He has worked with both adolescents and adults, specializing in stress, trauma, grief, loss, and the psychosocial aspects of chronic illness and disability. His primary focus is working with military service members, veterans, veterans with disabilities, and military families. Professor Stebnicki has published nine professional textbooks as well as 40 journal articles and book chapters. In addition, he has given more than 100 national, regional, and statewide presentations. He has served on many statewide and national professional counseling boards.



