

Boundaries of Competence:
The Marine
Case #1

You are one of two civilian psychologists working in a local clinic in a small town with no nearby military treatment facilities or VA clinics. Neither you nor the other provider have prior experience treating service members. A client is referred to you who is a 28-year-old, divorced, Caucasian male. The intake notes from the referral indicate that he was a Marine for 9 years with three combat deployments: two for OIF in 2007 and one for OEF in 2009. According to the intake notes, his divorce was finalized last year; he had his second DUI last month; and during deployment, several of his buddies were killed in combat when their vehicle blew up, which he witnessed, and another buddy completed suicide during the past year. Based on the intake notes the client denied any suicidal ideation but reported complaints that could suggest PTSD like nightmares, bouts of irritability, disturbed sleep, avoidance of reminders of his buddies' deaths, seeing images of the burning vehicle, and feeling "numb" and disconnected from others.

Informed Consent:
The National Guard Student
Case #2

You are a civilian social worker in a university counseling center treating a 20-year-old, Caucasian female in the National Guard. She entered counseling because of disciplinary measures stemming from an underage drinking ticket, her first legal complication. In your third session, you learn that she is scheduled to deploy in support of Operation Enduring Freedom (OEF – Afghanistan) after the semester. In the intake, she had indicated that she drinks regularly with her friends (mostly weekends), and that she has blacked out several times at football tailgate parties. During this session, when you ask her more about her National Guard experience and what her MOS (job) is, she tells you she is qualified to drive trucks and will likely be driving outside the wire delivering supplies as part of a convoy. She states that she has good friends in the National Guard, and that she drinks with them when she can.

Disposition Drives Diagnosis:
“Off the Record”
Case #3

You are a psychologist in private practice and accept Tri-Care. You have an appointment with a 23-year-old, single, African American male who is a four year Army veteran. He states he recently separated from the Army in order to go to school, but that he intends to re-enter the military and attend Officer’s Candidate School (OCS) when he completes his degree. He is hoping to have a 20-year military career and to be in Special Forces. He denies any history of psychiatric treatment, but indicates that he is seeking your assistance because he has periods of time when he rarely sleeps and yet can be incredibly productive during these times; recently he has been able to read ahead of his classmates, and when in the Army he “never slept much anyway.” However, he has been getting into fights recently. Also, his girlfriend broke up with him after he drove to Alabama (a 2-day drive) to see an Army buddy that he wanted to have a beer with. He’s speaking very quickly and his stories can be tangential, but he can be redirected when asked direct questions. During the interview, he interrupts himself to say, “By the way, I don’t want you to write anything in the notes. I just have to talk this stuff out. I came to you so that this wouldn’t go into my record. That’s why I’m going to pay you in cash.” He explains that he won’t be using his Tri-Care benefits.

Multiple Relationships:
Petty Officer 3rd Class
Case #4

You are a Military OneSource Provider in a city near a large Naval base. One of your patients is a 34-year-old, Asian American Lieutenant Commander JAG (Naval lawyer), whom you are seeing for mild depression and anxiety related to work stress. Another of your patients is a 22-year-old Caucasian female Petty Officer 3rd Class (PO3) who is experiencing distress regarding a history of childhood abuse and a recent military sexual assault, which she has not reported to legal services. One day, the JAG calls you and tells you that he is calling as the legal representative for his command, which is also the command of the PO3. He says that the PO3 was hospitalized last weekend after a breakdown on her ship in which she threatened to kill herself or someone else. He says the hospital psychiatrist recommended she be administratively separated for a personality disorder. The JAG tells you that he is handling this case and that the PO3 is fighting the separation. She has requested a formal hearing (administrative separation board) and asked him to contact you to confirm her earlier report of sexual assault. She has also requested you testify at the separation board.

Professional's Own Fitness:
Skipping Lunch and Scrambling
Case #5

You are a therapist working for at a local women's health clinic. You have become reputable as one of few providers in the area and one who successfully treats women with symptoms related to military sexual trauma. You find yourself skipping lunch, staying at work late to finish notes, avoiding exercise because you are so exhausted, and grimacing frequently with back pain. Every once in a while, you have trouble focusing on your clients during sessions. Twice a week you scramble to make it to an evening class on treating eating disorders in women- an area you are less familiar with but encounter in the clinic - because this seminar is rarely offered where you live. Today you had to leave work early when your 15-year-old niece who is staying with you for the summer called because she had gotten in a car accident.