

SOCIAL DECLINE & COUNSELOR CHALLENGES

Counselors Face Social Dilemmas.



THE SILENT STRUGGLE

Suicide Awareness for Military Leadership

BEHIND THE SCREENS:



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CLINICIAN BOUNDARIES & THE SOCIAL DECLINE

By Daena Weinkle, LMHC, NCC, MS

Clinicians follow a code of ethics for decision-making. something that should become second nature to a clinician when faced with moral and ethical dilemmas. In our world today, it seems we are constantly confronted with these dilemmas - while also being faced with managing our own morals and beliefs, and while preventing burn out. It's a tall order when we remind ourselves that clinicians/counselors are regular-shmegular people too.

Be it the genocide in Gaza, ICE raids, cuts to Medicaid/Medicare - the termination of programs throughout the country is wide spread and systemically, we are all impacted in some way. Changes in healthcare, including those affecting LGBTQ+ youth and resources like the 988 suicide crisis line. create a complex landscape. Counselors understand what these complexing changes means for mental health decline and wellness goals. A tall order for those in the clinical fields.

For clinicians, striving for a sustainable work-life balance is a daily, vital practice essential for their well-being and to prevent burnout. We must be fierce protectors of our boundaries and wellbeing in order to remain effective for our clients. I consulted with several other providers who serve many of the most impacted populations. One, Paola Rojas LMHC came to the United States at 7 years old, she recalls being undocumented for a period in her life.

Paola reflected on the ways she feels re-traumatized and how she is reliving fear she felt, before becoming a citizen. As a licensed clinician, she is faced with holding space for a population of migrants who express fears similar to the ones she herself experienced as a child. Paola emphasizes the importance of limiting the ways she consumes news and shares that filtering her social media to reinforce that boundary is helpful. Paola also shares that learning about the way you can consume news and being ready with some useful coping skills is effective. She also emphasized the importance of clinicians being mindful of their documentation and ethical obligations to put clients wellbeing first.

Breia Pierce LMFT, is a clinician serving statewide inpatient psychiatric programs and families within her private practice. She is Canadian and openly recognizes her privilege of having a visa. What did Breia Pierce LMFT emphasize when discussing a family's desire to be honest with their children about world events? Breia shares that when being honest with children, parents can highlight core values like compassion for others. regardless of circumstances. Breia like Paola emphasized strong boundaries and limiting what she consumes from social media or the news.



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She also emphasized the importance of protecting our own well-being when faced with the discomfort of others, especially when their expectations or ways of coping don't align with ours. For example, this might mean recognizing that it's not our responsibility to absorb someone else's frustration or to sacrifice our own needs in order to soothe someone else's. We have to be mindful of how much we take on, as our work leaves little room for flexibility when we're moving through challenges in our personal lives.

Dr. Joi Latson Sanchez LMHC focuses on finding "Joi." Though it may not be intentional, it's a powerful play on words. She is a mother of two bi-racial boys, and as a Black woman she expresses the importance of teaching her boys many of the realities of the world they might face. Finding joy in the moments with her family is something she has become a professional at. She practices hobbies that bring joy to her and her family, she loves to bake and make healthy snacks for her family. Dr. Joi emphasizes the importance of boundaries that protect her peace, especially when continually confronted with triggers and burdened by the world's expectation to embody being a 'strong Black woman.' On a more serious note, Dr. Joi reflected on the challenges her clients already face in accessing resources, describing it as a 'worsening issue'-one that clinicians know all too well as we brace ourselves for what lies ahead.

"Boundaries" may feel like a trendy word, but it's important to remember that they aren't about controlling others they're about protecting ourselves. That means we are responsible for honoring them. For example, if a boundary is to limit what we consume, we can't expect the world to change; we have to be the ones to say no. This can feel complicated in our work, where we also carry the ethical responsibility of advocating for our clients' well-being. In those moments, boundaries and coping skills become essential tools. As we prepare for the challenges of a changing climate-both environmental and social-it becomes increasingly important for clinicians to balance the weight of our clients' struggles with our own well-being. Advocacy and care for others are at the heart of our work, but sustaining that work requires intentional self-care. At times, that may mean granting ourselves permission to disconnect, to limit our exposure to overwhelming information, and to replenish our own energy. By modeling this balance, we not only protect our capacity to serve but also demonstrate to our clients the power of resilience rooted in both advocacy and rest. -DAENA WEINKLE, M.S., LMHC





THE SILENT STRUGGLE

By Alex Gomez, B.S

For every three veterans that read this article, one of them will die due to taking their own life. In 2022, 6,407 veterans died by suicide, and the suicide rate among veterans was 34.7 per 100,000, compared with 17.1 per 100,000 for nonveterans. Trends like this mean veterans were more than twice a likely to die by suicide as their civilian counterparts. The brave men and women of this country who chose to risk their lives to defend the ones who could not, are taking their own. This means as the nation ramps up initiatives to combat rising suicide trends, veterans and those who serve them, are facing a persistent and urgent public health crisis, that unveils a larger issue for improved mental health support, timesensitive intervention, and comprehensive reintegration services for those who have served.

As veterans have sacrificed their safety, time with family, and at times comfort of having a bed and a place to shower sadly, many make the ultimate sacrifice, taking their own life. The battle many are losing isn't against terrorism or foreign threats, they are losing the battle to themselves. Historically, cultural expectations in the military and healthcare environments normalize emotional suppression, leading to silent suffering and actual harm.

Often times when situations get tough in the military you aren't coddled and sat down to talk about why you are having a bad day, you are told to "embrace the suck" or "the only easy day was yesterday". In general these terms aren't ill-willed and can provide motivation to soldiers. But what happens when you can't embrace the suck anymore? What happens when the easy day was yesterday and you don't want to see tomorrow? Soldiers are taught that the mission comes first and service over self. but for many there comes a point where it feels there is no self to give to the service. Service members often feel discouraged to speak about their mental health at the risk of being labeled 'not fit' for duty. When you are in the military, you join a brother and sisterhood where there can be a fear of not wanting to appear weak or that you won't be able to get the man next to you back. A "manly man" doesn't talk about his feelings or what's bothering him, he's supposed to go to the gym and work it out and then go to the bar with his buddies and drink until he forgets why he was sad in the first place.



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He is supposed to take out all that anger and aggression on the enemy forces and make their life hell. But what happens when the fight with the enemy is over and the only battle left to fight is the man in the mirror and your only coping skills for years was to distract yourself and use substances? The answer for some, is that one in three of them area at risk of giving up that battle, raising a white flag, and ending their own life.

Whether currently serving, or transitioned out, the ways in which service members cope with emotional stress can have a major impact on that soldier's life. That fear of being ridiculed by peers or being punished in some sort of way for stating you need help mentally doesn't iust vanish once the member leaves the service. The symptoms only get worse and it becomes a deeper hole to dig yourself out of. For many, the culture of silence around mental health is reinforced and worsened by such feelings and fear or ridicule, perceived weakness, or career consequences. A powerful tool used in the military is the "buddy system" - a commonly used method in the military for accountability.

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In Air Force basic training, you cannot go anywhere without your buddy and if you do there is an immediate consequence for both airmen. That system and sense of looking out for one another shouldn't go away when you graduate or separate from the Military. That same vigilance and support is critical when it comes to emotional and psychological well-being. If you notice someone in your squadron is a little off or hasn't been themselves, is very isolated, doesn't do much, engages in drinking alone, report these behaviors. It is not just okay to speak up - it can be essential and life saving! It is better for them to be mad at you for looking out for their well being than you attending their funeral in your dress uniform with tears in your eyes knowing you could have done something to help them.

The data makes the urgency clear - in an annual report from the VA among the 5.8 million Veterans serving in 2024, about 14 out of every 100 men (or 14%) and 24 out of every 100 women (or 24%) were diagnosed with posttraumatic stress disorder (PTSD). PTSD is not a sign of weakness, but is a serious and often times, life-threatening condition, that in recent years, has taken the lives of more veterans than combat itself! But is is also treatable - especially when identified early, met with compassion and tact, and addressed with professional care. No one makes it through duty alone and should not have to face mental health struggles alone, either.

As someone who has recently been out of the service myself, using mental health services through the VA has helped me tremendously. Once removed from the service it can be difficult to figure out where you belong and what you want to do with your life. You go from a place of set structure being told where to go, when to be there with what gear and then suddenly you are just let free to go as you please. At first this sounds incredible but once the reality of the situation sets in you are no longer doing a job that protects the country you love, you no longer are a part of something bigger than yourself or have a job that brings so much pride to have. It is an adjustment that is hard to prepare for and can't truly know how it feels until you go through it yourself. Thoughts of "am I good enough to get another job?" or "I thought I was going to retire and finish my 20 years now what?" ran through my head and the only true way to silence the voices and negative talk was to see a therapist of my own through the VA. Talking to an unbiased and knowledgeable mental health professional helped me navigate my thoughts and emotions. The world's biggest problems to me now seemed so small and easy to maneuver through. The feeling of not having to go through the mental struggle alone was enough to keep me motivated to persevere through the struggles I had. Asking for help is also "manly" and a helathier alternative to struggling alone.

The fight against veteran suicide is at an all time high! There are many resources for veterans and service members. The VA has countless resources such as Veterans Crisis Lines. Military OneSource, NAMI (National Alliance on Mental Illness) and vour local VA. Some services such as peer support offer mental health counseling with another prior service member. Being in the military is something that once you go through no matter the branch there is a bond and sense of understanding of the trials and tribulations that occurred. Having someone who has walked the same shoes as you and not only can sympathize but also empathize-- makes a world of a difference and feel not only heard but understood.

Another important pillar of support in the military is leadership - and how our current generations of leaders choose to talk about mental health matters.

When NCOs or higher-ranking enlisted members express the importance of mental health without judgment, ridicule or fear of repercussions regarding work, it makes a huge difference.



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These leaders set the tone for their entire unit. That kind of leadership not only creates a culture of safety and trust but allows for junior services members to take note, and when they one day step into leadership roles, can also follow with dissimilating hope and support. This is how healthy cultures are created, through example, not just policies. On the other hand, when silent, the negative stigma of seeking mental health help is only placing service members and veterans at greater risks and more unnecessary deaths among our nation's bravest and strongest defenders. Until we honor emotional honesty as part of the service and not apart from it, we'll continue losing some of our strongest to a silent fight. Take a stand against the stigma and promote mental health awareness and the ideology that it is okay to not to be okay.

-ALEX GOMEZ, B.S.



Support & Information 2024 National Veteran Suicide Prevention Annual Report U.S. Department of Veterans Affairs

Veterans Crisis Line Call or text 988, then press 1



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