



# FACT SHEET

## Rhythmic Interventions for Supporting Veteran's Health

### Post-Traumatic Stress Disorder (PTSD)

PTSD is serious psychiatric disorder that can impact people following exposure to serious trauma, such as that experienced by many veterans. Between 5-20% of returning servicemen & women are likely to experience PTSD, (O'Toole et al., 1996). PTSD is a complex illness that is defined by recurring experiences of the inducing event, avoidance of trauma associated reminders, and negative changes to mood and reactivity.

Trauma focused cognitive behavioural therapy (TF-CBT) is the recommended treatment approach and can be incorporated into rhythm-based group therapy where participants can confront their traumatic memories in a safe environment and examine both the associated thoughts and feelings that may be contributing to their distress, e.g. guilt or anger.

### Reducing Social Isolation

A key challenge for military personal upon release from service is re-entering community. For many the military lifestyle becomes their family, providing a strong sense of connection and belonging, security and protection. The strict discipline of military life, with its focus on order, detail and obedience shapes the values of many servicemen & women. There is a strong connection to other 'vets' and often mistrust for people who have not experienced their world.

Rhythm based group work can explore many of the inter-personal issues that veterans have in re-entering community; in safe context that replicates a community. The music allows for the safe expression of feelings and analogies drawn from the activities provide a means of drawing attention to many of the inter-personal issues that veterans struggle with e.g. learning to trust, communication breakdown etc.

### Depression & Anxiety

Depression and anxiety disorders are commonly diagnosed issues facing veterans, and can severely impact their daily functioning, and relationships.

The use of CBT approaches within rhythm-based group work can address dysfunctional thoughts that exacerbate an individual's depression as well as creative solutions to overcome some of the issues that seem overwhelming to a participant.

The drum-circle also has a proven record of improving mood and serves as an ideal activity to circumvent social withdrawal, and highlight life's rewarding and positive experiences.

### Emotional Regulation & Reducing Aggression

Many veterans struggle with their emotions due to exposure to trauma, & the high levels of stress they operate under. These often combine to dysregulate the body's stress response system, making them particularly vulnerable to inappropriate & often disproportionate emotional reactions. Almost all major trauma therapists recommend rhythm-based approaches to assist in the realignment of these primal brain systems. Specific techniques can be employed to practice control and recognise the symptoms of arousal in order to pre-empt loss of control. Mindfulness techniques are also used to interrupt patterns of reactivity and bring greater awareness & acceptance to the factors that give rise to anger &

### Suicidal Ideation

Discharged servicemen under the age of 30 are twice as likely to suicide than other men their age (AIHW, 2018). Identifying and being able to openly discuss suicidal thoughts is a critical part of clinical support. Group work can provide a safe space where people can share these experiences, and support each other through the pain that drives them.

### Alcohol & Drug Co-Morbidity

Veterans often use substances to reduce anxiety & insomnia or improve dysphoric states. The concept of 'self-medication' a useful, non-judgemental way for veterans to justify their substance misuse. The harm associated with substance misuse is often profound, particularly in relation to their closest relationships. It is common for veterans to present with comorbid problems such as depression, anxiety, PTSD and substance misuse disorders. Coping skills and arousal management techniques, including mindfulness are useful focuses of our work in this area.

O'Toole et al. 1996. The Australian Veterans Health Study, Psychological health & its relationship to combat *Epidemiology*, 25  
 Australian Institute of health & Welfare, 2018. Incidence of Suicide in Australian defence personnel: 2001-2015. <https://www.aihw.gov.au/reports/veterans/incidence-of-suicide-in-adf-personnel-2001-2015/contents/table-of-contents>