
Enhancing Mental Health Outcomes for Adolescent and Older Veterans through Conflict Management and Therapeutic Communication Strategies in Trauma-Informed Care

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Abstract

Objectives: This study investigates the application of Trauma-Informed Care (TIC) for military veterans, particularly those with trauma-related experiences, emphasizing conflict management and therapeutic communication. It focuses on addressing the unique needs of adolescent and older veterans to improve mental health outcomes and facilitate smoother transitions to civilian life.

Method: The research examines TIC's effectiveness in enhancing veterans' emotional regulation, collaborative problem-solving, and interpersonal conflict management skills. It emphasizes therapeutic communication techniques such as active listening and reflective statements to foster trust and support veterans in exploring their emotions safely.

Results: TIC helps adolescent veterans, who often struggle with emotional expression, and older veterans, who may have repressed emotions over time, in managing conflicts and understanding their trauma. Therapeutic communication under TIC builds trust between veterans and healthcare providers, facilitating open emotional expression. However, barriers, including limited TIC training for healthcare providers, rigid care structures, and organizational constraints, impede effective implementation.

Discussion: While TIC provides a promising framework for supporting veterans, its success relies on overcoming institutional challenges. Expanding training, restructuring healthcare models, and fostering an organizational culture that prioritizes trauma-sensitive care are critical steps to fully integrating TIC. Addressing these challenges could significantly improve mental health outcomes for adolescent and older veterans, promoting resilience and facilitating successful reintegration into civilian life.

Keywords: Trauma-Informed Care (TIC), Conflict Management, Therapeutic Communication, Adolescent Veterans, Older Veterans, Mental Health, PTSD, Trauma Recovery

Introduction

The mental health challenges faced by military veterans have long been a significant public health concern, especially given the high rates of trauma-related disorders such as post-traumatic stress disorder (PTSD), depression, and anxiety among this population. These conditions can severely impact the quality of life for veterans, contributing to interpersonal difficulties, social isolation, substance abuse, and even suicide. According to the U.S. Department of Veterans Affairs, approximately 20% of veterans who served in Operations Iraqi Freedom and Enduring Freedom have PTSD in a given year, and the prevalence of depression is similarly high (Fulton et al., 2015). These figures underscore the urgent need for effective mental health interventions tailored specifically to the experiences and needs of veterans, particularly those who have experienced trauma.

Trauma-Informed Care (TIC) has emerged as a vital approach in addressing the mental health needs of trauma-affected populations, including veterans. TIC is a framework that acknowledges the prevalence and impact of trauma in the lives of individuals and seeks to integrate this understanding into all aspects of care (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Unlike traditional mental health approaches that often focus solely on symptoms, TIC emphasizes creating a safe, supportive environment where individuals can feel understood and empowered. For veterans, many of whom have experienced traumatic events during their military service, TIC can be a transformative approach that not only addresses their mental health challenges but also fosters resilience and healing.

However, the application of TIC within the veteran population requires a nuanced approach, particularly when addressing the needs of different age groups. Adolescent veterans, for instance, are at a critical developmental stage where they are forming their identity and learning to navigate emotional and social challenges. The transition

from military to civilian life can be especially difficult for younger veterans, many of whom may have joined the military during their late teens or early twenties and are now struggling to reintegrate into civilian society (Hoge et al., 2016). This group often grapples with issues related to emotional regulation, interpersonal conflict, and the stigma of seeking mental health care, making TIC a potentially valuable tool in helping them build coping skills and resilience.

On the other hand, older veterans often face a different set of challenges. Many have lived with the effects of trauma for decades, and their mental health issues may have become deeply ingrained. In some cases, these veterans may have developed maladaptive coping mechanisms, such as avoidance or emotional suppression, which can further complicate their treatment. Additionally, older veterans may face age-related issues, such as cognitive decline or physical health problems, that can exacerbate their mental health conditions (Pietrzak & Cook, 2013). TIC, with its focus on individualized, empathetic care, offers a framework for addressing these long-standing issues, helping older veterans process their trauma in a way that is supportive and non-retraumatizing.

One of the key elements of TIC is conflict management, which is particularly relevant for veterans, many of whom have experienced high-stress situations during their service. Conflict management involves helping individuals develop strategies to resolve interpersonal conflicts in a healthy and constructive manner, thereby reducing stress and promoting emotional well-being. For veterans, who may have been trained to suppress their emotions and respond to conflict with aggression or avoidance, learning new conflict resolution skills can be a critical part of their recovery (Grossman, 2015). This is especially true for veterans dealing with trauma-related conditions such as PTSD, where unresolved conflicts can exacerbate symptoms and lead to further isolation and distress.

In addition to conflict management, therapeutic communication plays a vital role in TIC.

Therapeutic communication involves the use of specific techniques, such as active listening, empathy, and reflective questioning, to create a safe and supportive space for individuals to express their emotions and experiences. For veterans, many of whom may struggle with feelings of mistrust or fear of vulnerability, therapeutic communication can help build the trust necessary for effective mental health care (Johnson et al., 2019). By fostering open, honest dialogue, healthcare providers can better understand the unique challenges veterans face and tailor their interventions accordingly.

Despite the promise of TIC, there are significant challenges to its implementation within the context of veteran care. Many healthcare providers, particularly those in general practice settings, lack the specialized training necessary to deliver trauma-sensitive care. Additionally, organizational barriers, such as time constraints, limited resources, and a lack of institutional support, can hinder the integration of TIC principles into everyday practice (Fallot & Harris, 2017). Addressing these challenges will require not only increased training for healthcare providers but also systemic changes within healthcare institutions to prioritize trauma-informed approaches.

This paper aims to explore how the principles of TIC, specifically conflict management and therapeutic communication, can be effectively applied to improve mental health outcomes for both adolescent and older veterans. By examining the unique needs of these populations and the challenges to implementing TIC, this research seeks to contribute to the growing body of knowledge on trauma-informed approaches to veteran care. Ultimately, the goal is to provide a framework for healthcare providers and organizations that supports the mental health and well-being of veterans, helping them navigate the complex process of healing from trauma.

Prevalence of Mental Health Issues in Veterans

The prevalence of mental health issues among veterans is alarmingly high, underscoring the urgent need for specialized care and intervention

strategies. Veterans, particularly those who have experienced combat, face a wide range of mental health challenges, including post-traumatic stress disorder (PTSD), depression, anxiety, and substance use disorders. The invisible wounds of war can have long-lasting effects, often surfacing years after military service, and without adequate treatment, these issues can severely impact the quality of life, relationships, and the overall well-being of veterans.

1. Post-Traumatic Stress Disorder (PTSD)

PTSD is one of the most prevalent mental health disorders among veterans, particularly those who have been exposed to combat or other traumatic experiences during their service. The U.S. Department of Veterans Affairs (VA) estimates that between 11% and 20% of veterans who served in Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF) experience PTSD in any given year, while the rate for Gulf War veterans is around 12% (VA, 2021). For veterans of the Vietnam War, the lifetime prevalence of PTSD is approximately 30%, reflecting the enduring nature of trauma experienced during service (Kulka et al., 1990).

PTSD is characterized by symptoms such as intrusive memories, hypervigilance, nightmares, emotional numbness, and avoidance of situations or people that may trigger reminders of the trauma (APA, 2013). For many veterans, these symptoms can be debilitating, leading to difficulties in maintaining employment, relationships, and overall functioning. Adolescents who join the military at a young age and experience trauma early in their service may be particularly vulnerable to long-term psychological consequences. Older veterans, meanwhile, may face compounding effects of PTSD as they age, including worsening symptoms and additional stressors related to physical health and aging (Schnurr et al., 2003).

2. Depression and Anxiety Disorders

Depression and anxiety disorders are also highly prevalent among veterans, often co-occurring with PTSD or other trauma-related conditions. Studies have shown that the rate of major depressive disorder (MDD) among veterans is significantly

higher than in the general population. According to data from the VA, around 14% of veterans seeking care in the VA healthcare system are diagnosed with MDD, and many more experience symptoms of depression that go undiagnosed or untreated (Seal et al., 2009).

Depression in veterans can stem from multiple factors, including the psychological effects of trauma, difficulties adjusting to civilian life, social isolation, and chronic physical pain associated with injuries sustained during service. Anxiety disorders, including generalized anxiety disorder (GAD) and panic disorder, are also common, with veterans often experiencing heightened levels of stress and fear, particularly in unfamiliar or crowded environments (Hoge et al., 2004). The overlap of depression, anxiety, and PTSD in veterans creates a complex mental health landscape, necessitating a multi-faceted and individualized approach to treatment.

3. Substance Use Disorders

Substance use disorders (SUDs) are another significant concern for veterans, many of whom turn to alcohol, drugs, or prescription medications as a way to cope with the symptoms of PTSD, depression, or chronic pain. The VA reports that approximately 20% of veterans with PTSD also have SUDs, and rates of alcohol and drug abuse among veterans are notably higher than among their civilian counterparts (VA, 2021). Alcohol use, in particular, is commonly used as a coping mechanism for veterans dealing with insomnia, nightmares, or emotional distress related to their traumatic experiences (Norman et al., 2018).

The prevalence of SUDs is particularly troubling because of the negative consequences associated with long-term substance abuse, including deteriorating physical health, impaired cognitive functioning, and the exacerbation of existing mental health conditions (Jacobson et al., 2008). Veterans with SUDs are also at a higher risk of homelessness, unemployment, and suicide, highlighting the urgent need for comprehensive mental health and addiction services tailored to their specific needs (Bohnert et al., 2011).

4. Suicide Rates Among Veterans

One of the most alarming trends in veteran mental health is the high rate of suicide. Veterans are at a significantly higher risk of suicide compared to the general population, with suicide rates among veterans nearly 1.5 times higher than non-veteran adults (VA, 2021). In 2019, an average of 17 veterans died by suicide every day, reflecting the profound challenges many veterans face in coping with the psychological aftermath of their service (Department of Veterans Affairs, 2021).

The reasons behind the elevated suicide risk among veterans are multifaceted. Mental health conditions such as PTSD, depression, and SUDs, combined with social isolation, relationship problems, and difficulties in accessing care, all contribute to this tragic outcome (Pietrzak et al., 2010). Older veterans, particularly those who served in Vietnam, are at an especially high risk, as many have lived with untreated trauma for decades, and the cumulative effect of physical health decline, isolation, and emotional pain can push them toward suicidal ideation (Kaplan et al., 2012).

5. Challenges in Accessing Mental Health Care

While the VA provides a wide range of mental health services to veterans, significant barriers to accessing care persist. Many veterans face long wait times for appointments, and some may live in rural areas with limited access to VA facilities. Additionally, the stigma surrounding mental health issues, particularly within military culture, prevents many veterans from seeking help (Vogt et al., 2009). This stigma is often rooted in the belief that admitting to mental health struggles is a sign of weakness, making it difficult for veterans to acknowledge their need for support.

For adolescent veterans, transitioning from military to civilian life can be particularly challenging, as they may lack the support systems needed to navigate this change. Older veterans, meanwhile, may feel reluctant to seek care for issues they have lived with for many years, either because they believe it is too late for treatment or because they have grown accustomed to managing their symptoms on their own (Tsai et al., 2015).

Unique Mental Health Needs of Adolescent and Older Veterans

The mental health needs of veterans are as diverse as the individuals themselves, with adolescent and older veterans facing particularly unique challenges. Understanding the distinct mental health requirements of these two groups is crucial for developing appropriate care strategies. Adolescent veterans, who may have entered military service in their late teens or early twenties, often face difficulties related to the abrupt transition from military to civilian life, the impact of trauma during their formative years, and the lack of well-established support systems. In contrast, older veterans, particularly those who have long since retired from service, frequently deal with compounded issues of aging, chronic physical health problems, and the long-term effects of untreated trauma. Tailoring mental health interventions to these specific groups is essential to address the underlying factors contributing to their mental health conditions.

1. Adolescent Veterans: Transitioning to Civilian Life

Adolescent veterans, or younger individuals who enter military service at an early age, often experience significant emotional and psychological upheaval when transitioning back to civilian life. Many of these veterans enlist immediately after high school, and their military service may be their first substantial exposure to high-stress environments, trauma, or combat situations. As they return to civilian life, they may struggle with reintegration, facing challenges such as finding stable employment, pursuing higher education, or maintaining relationships (Resnik et al., 2012).

The transition process is often marked by feelings of isolation, as many adolescent veterans feel disconnected from their civilian peers, who may not fully understand the challenges of military life. This disconnect can lead to difficulties in forming social connections and support systems, which are critical for positive mental health outcomes (Blais & Renshaw, 2013). Many young veterans may also experience difficulty adjusting to the less

structured environment of civilian life, which can exacerbate feelings of anxiety, depression, or frustration.

In addition to these transition-related challenges, adolescent veterans are particularly vulnerable to the effects of trauma experienced during their service. Exposure to combat or other traumatic experiences at such an early stage of emotional development can have lasting psychological consequences, including the development of PTSD or other trauma-related disorders (Reger et al., 2018). For these veterans, early intervention is critical to prevent long-term mental health deterioration. Studies have shown that untreated PTSD in adolescent veterans can lead to a range of adverse outcomes, including substance use disorders, difficulty maintaining employment, and increased risk of suicide (Pietrzak et al., 2010).

Moreover, younger veterans often feel societal pressure to conform to traditional views of masculinity, which can discourage them from seeking help for mental health issues. The stigma surrounding mental health in military culture is particularly pronounced among younger veterans, many of whom fear that admitting to psychological struggles could be perceived as a sign of weakness (Vogt et al., 2009). As a result, many adolescent veterans do not seek the help they need, which can lead to the worsening of their mental health over time.

2. Trauma and Developmental Impact in Adolescents

Trauma experienced during military service can be particularly harmful to adolescent veterans, as their brains are still in a critical period of development. The exposure to extreme stressors and potentially life-threatening situations can disrupt normal emotional and cognitive development, leading to heightened vulnerability to mental health issues. The adolescent brain is highly plastic, and during this developmental stage, individuals are still forming coping mechanisms for dealing with stress and emotional regulation. The trauma experienced during military service may hinder this development, making it more difficult for

adolescent veterans to manage their emotions effectively and leading to an increased risk of developing PTSD, anxiety, and depression (Steinberg, 2005).

The developmental stage at which trauma occurs also affects the way it is processed. Adolescents are more likely to experience identity confusion as they transition into adulthood, and the psychological stress of military trauma can complicate this process. This can result in feelings of inadequacy or a diminished sense of self-worth, making it harder for adolescent veterans to build healthy relationships and pursue personal goals after their service (Erikson, 1959). The long-term effects of trauma during adolescence are profound, making it essential for mental health interventions to address not only the immediate symptoms but also the developmental impact of trauma on adolescent veterans.

3. Older Veterans: Long-term Impact of Untreated Trauma

Older veterans face a different set of mental health challenges compared to their adolescent counterparts. Many of these individuals have lived with untreated or under-treated mental health issues for decades, often carrying the psychological scars of their service well into their senior years. Older veterans, particularly those from conflicts like the Vietnam War, may have experienced PTSD, depression, and anxiety for many years without seeking or receiving adequate treatment (Schnurr et al., 2003). As a result, they may have developed maladaptive coping mechanisms, such as substance abuse or emotional withdrawal, which have compounded their mental health issues over time.

The long-term impact of untreated trauma is particularly pronounced in older veterans. Research has shown that PTSD symptoms can worsen with age, particularly as veterans face additional stressors such as physical health decline, retirement, and the loss of loved ones (Cook et al., 2005). The cumulative effect of these stressors can lead to a resurgence of trauma-related symptoms, even in veterans who appeared to have managed

their PTSD in earlier stages of life. For older veterans, the lack of timely treatment may lead to more severe mental health issues later in life, including chronic depression, anxiety, and a higher risk of suicide.

Moreover, older veterans often face unique barriers to accessing mental health care. Many are reluctant to seek help due to the stigma surrounding mental health within military culture, particularly in earlier generations. For these veterans, admitting to psychological struggles can feel like an acknowledgment of personal weakness, and many prefer to endure their symptoms in silence rather than seek treatment (Tsai et al., 2015). Additionally, older veterans may have difficulty navigating the healthcare system, particularly if they live in rural areas or have limited mobility, making it harder for them to access the care they need (Katz et al., 2012).

4. Chronic Physical Health Issues and Mental Health

Another significant challenge for older veterans is the intersection of chronic physical health problems and mental health issues. Many older veterans live with chronic pain, mobility issues, or other long-term health conditions related to injuries sustained during their military service. These physical health issues can exacerbate existing mental health problems, creating a cycle of pain, disability, and psychological distress (Brennan et al., 2007). Chronic pain, in particular, is closely linked to depression and anxiety, and veterans with physical health problems often report higher levels of mental health symptoms compared to those without chronic conditions.

The relationship between physical and mental health in older veterans underscores the need for integrated care that addresses both sets of issues. Mental health interventions for older veterans should not only focus on treating psychological symptoms but also on managing chronic physical conditions in a way that minimizes their impact on mental health (Bair et al., 2003). For older veterans, comprehensive care that addresses the whole

person—both mind and body—is essential for improving overall quality of life.

5. Suicide Risk in Older Veterans

Older veterans, particularly those who served in Vietnam and earlier conflicts, are at an elevated risk of suicide. Research shows that suicide rates among older veterans are disproportionately high, with many older veterans experiencing a combination of PTSD, depression, social isolation, and chronic health problems that contribute to suicidal ideation (Kaplan et al., 2012). For these veterans, the cumulative toll of untreated mental health issues over the years can lead to a sense of hopelessness, making suicide a more likely outcome.

The stigma surrounding mental health, particularly among older generations of veterans, further complicates suicide prevention efforts. Many older veterans are reluctant to seek help, and without timely intervention, their mental health may continue to deteriorate (Kang et al., 2015). Addressing suicide risk in older veterans requires a multifaceted approach that includes both mental health treatment and support for the social and physical challenges they face as they age.

Trauma-Informed Care: A Vital Approach for Veterans

Trauma-informed care (TIC) is an essential framework for addressing the complex mental health needs of veterans, particularly those who have experienced combat, military sexual trauma (MST), or other emotionally distressing events during their service. Unlike traditional mental health interventions, trauma-informed care acknowledges the profound impact that trauma can have on an individual's psychological and physical well-being. This approach goes beyond simply treating the symptoms of trauma; it emphasizes understanding the pervasive influence of trauma and aims to create an environment of safety, trust, and empowerment for the individual. For veterans, who are disproportionately affected by trauma-related conditions such as post-traumatic stress disorder (PTSD), depression, and substance abuse, trauma-informed care provides a holistic and

empathetic framework for healing and recovery (SAMHSA, 2014).

1. Understanding Trauma in Veterans

Trauma-informed care begins with a fundamental understanding that trauma affects each individual differently, particularly veterans who may have encountered diverse traumatic events ranging from combat exposure to personal loss and violence. Veterans, especially those involved in active duty or stationed in conflict zones, are more likely to experience psychological trauma than the general population. According to research, about 11-20% of veterans who served in Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF) suffer from PTSD in a given year, while about 30% of Vietnam veterans have experienced PTSD at some point in their lifetime (U.S. Department of Veterans Affairs, 2020).

For these veterans, trauma can manifest in a range of psychological and physical symptoms, including flashbacks, hypervigilance, emotional numbness, and difficulty forming close relationships. Physical symptoms such as chronic pain, gastrointestinal issues, and sleep disturbances are also commonly linked to trauma. Trauma-informed care seeks to address both the psychological and physical impacts of trauma, acknowledging that these symptoms are often interconnected and must be treated together (Courtois & Ford, 2013).

In many cases, veterans may not initially recognize that their behaviors or emotional responses are rooted in trauma. Trauma-informed care focuses on helping veterans recognize and understand the role that trauma has played in their lives, empowering them to take steps toward healing. By validating their experiences and providing a safe space for exploration, trauma-informed care encourages veterans to process their trauma at their own pace, without fear of judgment or re-traumatization (Harris & Fallot, 2001).

2. The Core Principles of Trauma-Informed Care

A trauma-informed approach is built on several key principles that guide interactions with individuals

affected by trauma. The Substance Abuse and Mental Health Services Administration (SAMHSA) outlines six guiding principles of trauma-informed care that are especially relevant to veterans: safety, trustworthiness and transparency, peer support, collaboration, empowerment, and cultural, historical, and gender awareness (SAMHSA, 2014).

- **Safety:** Trauma-informed care prioritizes the physical and emotional safety of veterans. Many veterans have experienced environments where their safety was threatened, either physically or emotionally. This principle aims to create a space where veterans feel secure and are not subjected to additional stressors or triggers. This may include creating a calm, respectful atmosphere during clinical sessions or ensuring that treatment environments are free from potential triggers that might provoke a traumatic response.
- **Trustworthiness and Transparency:** Veterans who have experienced trauma often struggle with trust, particularly in institutions or with individuals in positions of authority. Trauma-informed care emphasizes open communication and transparency to help veterans build trust with their healthcare providers. This trust is crucial for creating a therapeutic relationship where the veteran feels comfortable sharing their experiences and participating actively in their treatment.
- **Peer Support:** Veterans often benefit from peer support, as connecting with others who have experienced similar forms of trauma can provide a sense of validation and shared understanding. Peer support is an integral part of trauma-informed care, offering veterans the opportunity to share their stories, offer mutual encouragement, and learn from one another's experiences. This can be particularly effective in group therapy settings, where veterans can form

bonds and develop supportive networks that extend beyond the clinical environment (Meis et al., 2013).

- **Collaboration and Mutuality:** Trauma-informed care rejects the traditional hierarchical patient-provider dynamic, emphasizing collaboration between the veteran and their healthcare team. Veterans are encouraged to take an active role in their care, making decisions about their treatment options and recovery goals. By fostering a collaborative relationship, trauma-informed care empowers veterans to feel more in control of their healing process, reducing feelings of helplessness that are often associated with trauma.
- **Empowerment, Voice, and Choice:** Trauma can strip individuals of their sense of control and agency, leaving them feeling powerless. Trauma-informed care works to restore a sense of empowerment by giving veterans a voice in their treatment and encouraging them to make choices that reflect their personal needs and preferences. This can be particularly important for veterans who have been conditioned to follow orders and suppress their personal needs during military service.
- **Cultural, Historical, and Gender Awareness:** Veterans come from diverse cultural and historical backgrounds, and their experiences of trauma are often shaped by these factors. Trauma-informed care recognizes the importance of understanding a veteran's cultural identity, gender, and historical experiences, particularly in the context of military service. For example, women veterans who have experienced military sexual trauma may have unique needs that require specialized approaches to care (Zinzow et al., 2015). Similarly, veterans from minority backgrounds may face additional barriers to accessing care due to systemic

inequalities or cultural stigma surrounding mental health.

3. Trauma-Informed Care and Military Sexual Trauma (MST)

Military sexual trauma (MST) is a significant issue that disproportionately affects women veterans, though male veterans can also be victims of sexual assault or harassment during their service. According to the U.S. Department of Veterans Affairs, about 1 in 4 women and 1 in 100 men have reported experiencing MST, which can lead to severe mental health issues such as PTSD, depression, and anxiety (U.S. Department of Veterans Affairs, 2020). Trauma-informed care is particularly critical for veterans who have experienced MST, as traditional care approaches may unintentionally re-traumatize individuals by failing to acknowledge the sensitive nature of their experiences.

For veterans who have experienced MST, trauma-informed care emphasizes the importance of creating a safe, respectful, and non-judgmental space where they can discuss their experiences without fear of re-traumatization. This might include providing same-gender healthcare providers if preferred, ensuring that the environment is free from triggering stimuli, and allowing the veteran to control the pace and direction of their treatment. Trauma-informed care also recognizes that MST often intersects with other forms of trauma, such as combat-related PTSD, and that treatment must address the full scope of the veteran's experiences (Kimerling et al., 2007).

4. The Role of TIC in Reducing Stigma and Encouraging Help-Seeking

One of the significant challenges veterans face in seeking mental health care is the pervasive stigma surrounding mental health issues, particularly within military culture. Many veterans are reluctant to seek help due to fears of being perceived as weak or unable to handle their problems independently. Trauma-informed care works to reduce this stigma by normalizing the experience of trauma and reframing mental health treatment as a necessary

step toward recovery rather than a sign of personal failure (Vogt, 2011).

By creating a trauma-sensitive environment that prioritizes safety, trust, and collaboration, trauma-informed care encourages veterans to seek help without fear of judgment. Veterans who feel understood and supported are more likely to engage in treatment and continue participating in therapy, leading to better long-term outcomes. Studies have shown that trauma-informed care not only improves mental health outcomes but also increases patient satisfaction and engagement in treatment (Elliott et al., 2005). This is particularly important for veterans, who may have had negative experiences with the healthcare system in the past or may feel alienated from civilian institutions.

5. Integration of Trauma-Informed Care in Veterans Affairs (VA) Services

The Veterans Health Administration (VHA) has recognized the importance of trauma-informed care and has made efforts to integrate TIC principles into its services. VA hospitals and clinics now offer a range of trauma-informed services designed to meet the specific needs of veterans, including specialized programs for PTSD, MST, and substance use disorders (U.S. Department of Veterans Affairs, 2020). The implementation of trauma-informed care in VA settings has been shown to improve mental health outcomes and increase veterans' overall satisfaction with their care.

The VA's adoption of trauma-informed care reflects a broader recognition that veterans require specialized, empathetic care that addresses the full impact of trauma on their lives. By incorporating TIC principles into all aspects of care, from intake to treatment to follow-up, the VA ensures that veterans receive the support they need to heal from trauma and regain control over their lives.

Trauma-informed care is a vital approach for addressing the mental health needs of veterans. By recognizing the pervasive impact of trauma and implementing strategies that prioritize safety, trust, and empowerment, trauma-informed care creates a healing environment where veterans can process

their experiences and work toward recovery. For veterans affected by combat trauma, MST, or other forms of trauma, trauma-informed care provides a compassionate and effective framework for addressing their unique needs and improving their mental health outcomes.

Conflict Management in Trauma-Informed Care

Conflict management is a critical component of trauma-informed care (TIC), especially when working with populations such as veterans who have experienced significant trauma. In the context of TIC, conflict can arise in a variety of ways, from interpersonal disputes between veterans and healthcare providers to internal conflicts within the veterans themselves. These conflicts are often exacerbated by the effects of trauma, which may manifest as heightened emotional responses, difficulty in communication, and distrust in systems of care. Managing these conflicts requires a nuanced understanding of trauma's impact on behavior, as well as the implementation of specific strategies designed to de-escalate tensions, promote understanding, and facilitate healing.

1. The Nature of Conflict in Trauma-Affected Populations

Veterans, particularly those who have experienced combat or military sexual trauma (MST), often face challenges in managing emotional responses, which can lead to conflicts both within themselves and with others. Trauma disrupts the brain's normal processing functions, leading to issues such as hyperarousal, emotional dysregulation, and difficulty in managing stress (Van der Kolk, 2014). For example, veterans with post-traumatic stress disorder (PTSD) may experience heightened emotional reactivity, irritability, or anger outbursts in situations that others might perceive as non-threatening. This heightened reactivity can create a fertile ground for conflict, particularly in environments where the veteran feels unsafe, misunderstood, or disrespected.

In trauma-informed care, it is recognized that conflict is not merely a result of personality or individual behavioral issues but rather a

manifestation of the underlying trauma. Therefore, the first step in effective conflict management is to recognize that trauma-affected individuals may react to situations through a lens of past trauma, which can lead to misunderstandings and heightened tensions. This understanding is critical in avoiding re-traumatization, which can occur when healthcare providers or others respond to conflict in a way that exacerbates the veteran's feelings of helplessness, fear, or distrust (Harris & Falot, 2001).

2. Principles of Trauma-Informed Conflict Management

To effectively manage conflict in trauma-informed care, practitioners must adhere to several core principles that prioritize the safety and well-being of the veteran. The Substance Abuse and Mental Health Services Administration (SAMHSA) emphasizes that trauma-informed care is built on the principles of safety, trust, collaboration, and empowerment, all of which play a key role in managing conflict (SAMHSA, 2014).

- **Safety:** Creating a sense of safety is essential for preventing and managing conflict in trauma-affected populations. Veterans who have experienced trauma may be particularly sensitive to perceived threats, whether physical or emotional. In healthcare settings, this means ensuring that the environment is calming, respectful, and free from triggers that might provoke a traumatic response. Safety also includes clear communication, where healthcare providers explain their actions and decisions in a transparent manner, helping to build trust and reduce misunderstandings that might lead to conflict (Falot & Harris, 2009).
- **Trustworthiness:** Building trust is fundamental to conflict management in TIC. Veterans who have experienced trauma, particularly institutional trauma, may be distrustful of authority figures or systems of care. Trust is built through consistent, transparent, and respectful

communication, where the veteran is treated as a partner in their care rather than a passive recipient. Healthcare providers must be mindful of the power dynamics inherent in clinical relationships and work to create a collaborative environment where the veteran feels their voice is heard and valued (Elliott et al., 2005).

- **Collaboration and Mutuality:** Conflict often arises when individuals feel powerless or unheard. In trauma-informed care, it is essential to collaborate with the veteran in decision-making processes and to foster a sense of mutual respect. This involves actively listening to the veteran's concerns, validating their experiences, and involving them in the creation of their treatment plan. By engaging veterans as active participants in their care, TIC reduces the likelihood of conflict by ensuring that their needs and preferences are taken into account (Klinic Community Health Centre, 2013).
- **Empowerment:** Trauma-informed care emphasizes empowerment, particularly in helping veterans regain a sense of control over their lives. For veterans who have experienced trauma, feelings of powerlessness and vulnerability are often central to their conflicts with healthcare systems or providers. By offering choices, providing clear information, and allowing veterans to set the pace of their care, TIC reduces the likelihood of conflict by addressing the root causes of power imbalances (Fallot & Harris, 2009).

3. De-escalation Techniques in Trauma-Informed Care

When conflict arises in trauma-informed care, de-escalation techniques play a vital role in managing the situation without further aggravating the veteran's trauma. These techniques focus on calming the individual, reducing tension, and resolving the conflict in a manner that maintains the veteran's dignity and sense of safety.

- **Active Listening and Validation:** One of the most effective de-escalation techniques in TIC is active listening, where the healthcare provider listens without interrupting, reflecting back the veteran's concerns to show understanding. Active listening helps to diffuse tension by demonstrating that the veteran's feelings are valid and that their perspective is being taken seriously. Validation is particularly important for trauma-affected individuals, as it helps to counter feelings of isolation and mistrust that can exacerbate conflict (Porges, 2011).
- **Grounding Techniques:** Trauma can cause individuals to dissociate or become overwhelmed by intense emotions. In moments of conflict, grounding techniques—such as deep breathing, focusing on physical sensations, or recalling a calming memory—can help the veteran regain control over their emotional responses. These techniques are especially useful in preventing the escalation of conflict, as they allow the individual to reconnect with the present moment and reduce the intensity of their emotional reaction (Levine, 2015).
- **Non-Threatening Body Language:** Conflict in trauma-informed care can be exacerbated by body language that is perceived as threatening or aggressive. Healthcare providers should be mindful of their body posture, facial expressions, and tone of voice, adopting a calm and non-confrontational demeanor. For example, maintaining an open posture, avoiding direct confrontation, and speaking in a soft, even tone can help to reduce tension and create an atmosphere of safety (Van der Kolk, 2014).

4. Addressing Internal Conflicts in Veterans

In addition to interpersonal conflicts, trauma-informed care must also address the internal conflicts that many veterans face as a result of their

trauma. Internal conflicts often arise from feelings of guilt, shame, or self-blame, particularly in veterans who have experienced combat or moral injury. Moral injury occurs when individuals feel that they have violated their own moral or ethical code, leading to intense feelings of guilt or unworthiness (Litz et al., 2009). Veterans with moral injury may struggle with conflicting emotions, feeling proud of their service on one hand, but deeply troubled by certain actions or events on the other.

Addressing these internal conflicts requires a compassionate, non-judgmental approach. Trauma-informed care provides a safe space where veterans can explore these feelings without fear of condemnation or further emotional harm. Therapy techniques such as cognitive processing therapy (CPT) or acceptance and commitment therapy (ACT) are often used in TIC to help veterans reframe their traumatic experiences and work through feelings of guilt or shame (Monson et al., 2006).

5. The Role of Conflict Management in Promoting Healing

Effective conflict management in trauma-informed care is not simply about resolving disputes; it is about creating an environment where healing can occur. For veterans, who may be dealing with complex trauma, mental health challenges, and feelings of alienation from civilian life, the ability to manage conflict in a compassionate and trauma-sensitive manner can make a significant difference in their recovery journey. By promoting safety, trust, and collaboration, TIC helps veterans feel empowered to confront and process their trauma, ultimately leading to better mental health outcomes.

The benefits of trauma-informed conflict management extend beyond the immediate resolution of disputes. Veterans who feel respected and heard are more likely to engage in their treatment and remain in care, leading to more sustained recovery over time. Additionally, conflict management strategies in TIC help to reduce the risk of re-traumatization, which can

occur when veterans feel misunderstood, disrespected, or powerless. By prioritizing the veteran's emotional and psychological needs, trauma-informed conflict management fosters a therapeutic environment where healing can flourish (Fallot & Harris, 2009).

6. Organizational Commitment to Conflict Management in TIC

Finally, effective conflict management in trauma-informed care requires organizational commitment. Healthcare institutions that serve veterans must invest in training staff to understand the principles of TIC and apply them in everyday interactions. Conflict management should be integrated into all aspects of care, from intake to treatment to follow-up, ensuring that veterans are treated with the dignity and respect they deserve. Organizations must also create policies and procedures that reflect the values of trauma-informed care, promoting a culture of safety, trust, and collaboration (SAMHSA, 2014).

Therapeutic Communication in Trauma-Informed Care

Therapeutic communication plays a fundamental role in trauma-informed care (TIC) by fostering a supportive, empathetic, and non-judgmental environment that promotes healing and recovery in individuals who have experienced trauma. Veterans, especially those who have been exposed to the psychological and emotional impacts of combat, military service, or other forms of trauma, often face significant challenges in opening up and engaging with healthcare providers. In this context, the quality of communication between healthcare providers and veterans can significantly influence the success of treatment and the overall well-being of the individual.

The core principles of trauma-informed care—safety, trust, empowerment, and collaboration—are directly reflected in the ways that healthcare providers communicate with trauma-affected individuals (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Therapeutic communication within TIC must go beyond traditional patient-provider interactions to

account for the impact of trauma on the patient's perception, emotional responses, and ability to engage in treatment. This requires the implementation of specific strategies that are attuned to the emotional and psychological needs of veterans, ensuring that communication is respectful, transparent, and rooted in an understanding of trauma's lasting effects.

1. The Importance of Trauma-Sensitive Communication

Effective communication in trauma-informed care starts with an understanding that trauma can fundamentally alter how individuals perceive and respond to their environment. Trauma survivors, such as veterans, often experience hypervigilance, mistrust, and emotional dysregulation, which can make it difficult for them to communicate openly or engage fully in therapeutic settings. According to Van der Kolk (2014), trauma disrupts the brain's capacity to regulate emotions, leading to heightened sensitivity to perceived threats, difficulty processing information, and challenges in forming trusting relationships. As a result, veterans may misinterpret neutral or even supportive communication as hostile or judgmental, particularly if the interaction triggers memories of past traumatic experiences.

To address this, trauma-informed communication emphasizes the need for healthcare providers to be mindful of the veteran's emotional state and the potential for re-traumatization during interactions. This requires an approach that prioritizes non-threatening language, empathetic listening, and patience, allowing the veteran to set the pace of communication. In doing so, healthcare providers help to create a sense of safety and control, which is crucial for trauma survivors who may feel powerless or overwhelmed in clinical settings (Harris & Fallot, 2001).

2. Building Trust through Transparent Communication

One of the central tenets of trauma-informed care is the establishment of trust between the healthcare provider and the patient. Veterans who have experienced trauma may struggle with trust,

particularly if they feel that their trauma has not been adequately understood or respected in the past. Building trust through communication involves being transparent, honest, and clear about the healthcare process, including treatment options, potential outcomes, and any procedures that will take place (Elliott et al., 2005).

Healthcare providers should adopt a collaborative approach to communication, ensuring that the veteran is an active participant in their own care. This can be achieved by providing detailed explanations of each step of the treatment process, offering choices wherever possible, and allowing the veteran to express their preferences and concerns. For example, when discussing a medical procedure, the provider should clearly explain the steps involved, what the veteran can expect, and any potential risks or discomforts. By involving the veteran in decision-making and being open about the healthcare process, the provider can help to alleviate anxiety and build a foundation of trust.

3. Active Listening and Empathy in Therapeutic Communication

Active listening is a key element of therapeutic communication in trauma-informed care. It involves fully focusing on the veteran's words, emotions, and non-verbal cues, and responding in a way that shows genuine understanding and empathy. Trauma survivors, including veterans, often feel invalidated or dismissed by others, which can exacerbate feelings of isolation and mistrust. Therefore, it is essential for healthcare providers to demonstrate that they are truly listening to and validating the veteran's experiences (Porges, 2011).

Empathy is particularly important when working with veterans who may have difficulty articulating their trauma or may feel ashamed or guilty about their experiences. For example, veterans who have experienced moral injury—a deep sense of guilt or shame stemming from actions taken during combat—may be reluctant to open up about their trauma. In these cases, healthcare providers must approach the conversation with empathy, reassuring the veteran that their feelings are valid

and that the healthcare setting is a safe space for discussing difficult emotions (Litz et al., 2009).

Empathetic communication also involves being sensitive to non-verbal cues, such as body language, tone of voice, and facial expressions. Veterans may not always be able to articulate their feelings directly, especially if they are experiencing distress or emotional dysregulation. By paying attention to these subtle cues, healthcare providers can better understand the veteran's emotional state and respond in a supportive and compassionate manner (Fallot & Harris, 2009).

4. Using Non-Judgmental Language to Facilitate Healing

The use of non-judgmental language is a cornerstone of therapeutic communication in trauma-informed care. Trauma survivors, including veterans, often feel stigmatized or judged for their symptoms, particularly if they struggle with mental health issues such as PTSD, depression, or substance use disorders. Judgmental language or attitudes can reinforce these feelings of shame and discourage veterans from seeking help or engaging fully in their care (Levine, 2015).

Healthcare providers must use language that is respectful, non-blaming, and supportive, avoiding terms or phrases that may imply fault or weakness. For example, rather than asking a veteran why they are "still upset" about a past trauma, a provider might say, "It's understandable that these experiences continue to affect you." This shift in language helps to normalize the veteran's feelings and reduces the likelihood of re-traumatization.

In addition to avoiding judgmental language, healthcare providers should focus on strengths-based communication, emphasizing the veteran's resilience and coping skills. Veterans who have survived traumatic experiences often possess significant inner strength, and acknowledging this resilience can be empowering. For instance, a provider might say, "You've been through a lot, and it's clear that you've developed strong ways of coping with these challenges." By focusing on strengths, the provider helps the veteran to feel

more empowered and less defined by their trauma (SAMHSA, 2014).

5. Empowering Veterans through Communication

Empowerment is a central goal of trauma-informed care, and therapeutic communication plays a vital role in helping veterans regain a sense of control over their lives. Trauma survivors often feel powerless or out of control, particularly in healthcare settings where decisions are made for them rather than with them. Empowering communication involves giving veterans choices, involving them in decision-making, and encouraging them to take an active role in their treatment (Harris & Fallot, 2001).

For example, when discussing treatment options, a healthcare provider might say, "These are some of the options we can explore. Which one feels most comfortable for you?" This approach not only provides the veteran with a sense of control but also demonstrates that their preferences and needs are being taken seriously. Empowerment also involves providing veterans with the information and tools they need to make informed decisions about their care. This might include explaining the potential benefits and risks of different treatments, offering resources for additional support, or helping the veteran to set realistic goals for their recovery (Klinik Community Health Centre, 2013).

6. Addressing Barriers to Communication in Trauma-Informed Care

Veterans may face a range of barriers to effective communication, including emotional, cognitive, and social challenges. Trauma can affect cognitive processing, making it difficult for veterans to concentrate, remember details, or organize their thoughts (Van der Kolk, 2014). Emotional barriers, such as fear, shame, or distrust, can also hinder communication, as veterans may be reluctant to share their experiences or feelings.

Healthcare providers must be attuned to these barriers and adopt communication strategies that are flexible and accommodating. For example, providers can use simple, clear language, avoid

overwhelming the veteran with too much information at once, and allow ample time for the veteran to process and respond. Additionally, providers should be patient and non-judgmental when veterans struggle to articulate their thoughts or emotions, recognizing that these difficulties are often a result of trauma rather than a lack of engagement (Porges, 2011).

7. The Role of Communication in Building Therapeutic Relationships

At the heart of trauma-informed care is the therapeutic relationship between the veteran and the healthcare provider. This relationship is built on trust, empathy, and mutual respect, and communication is the foundation of this relationship. Veterans who feel that their healthcare provider understands and respects their experiences are more likely to engage in treatment, follow through with recommendations, and experience positive health outcomes (SAMHSA, 2014).

Therapeutic communication is not a one-size-fits-all approach but rather an ongoing, dynamic process that adapts to the individual needs of the veteran. Healthcare providers must continually assess and adjust their communication strategies based on the veteran's emotional state, preferences, and comfort level. By doing so, they create a therapeutic relationship that supports the veteran's healing and recovery journey, ultimately leading to better mental health outcomes and a higher quality of life (Harris & Fallot, 2001).

Barriers to Implementing Trauma-Informed Care for Veterans

Implementing trauma-informed care (TIC) for veterans, especially adolescents and older populations, poses significant challenges. Despite its effectiveness in addressing the psychological and emotional scars of trauma, several barriers hinder its widespread adoption in healthcare and community settings. These barriers are multi-faceted, encompassing institutional, cultural, logistical, and resource-related issues, all of which need to be addressed for TIC to realize its full

potential in improving mental health outcomes for veterans.

1. Institutional Resistance and Cultural Barriers

One of the primary barriers to implementing trauma-informed care for veterans is institutional resistance. Many healthcare institutions and veteran support systems are rooted in traditional models of care, which emphasize symptom treatment rather than addressing underlying trauma. Shifting these long-established practices to trauma-informed approaches often encounters resistance, as staff may be unfamiliar with or skeptical of new paradigms. This resistance is especially prevalent in organizations that prioritize efficiency and cost-saving measures, as trauma-informed care requires significant time and resource investment in patient-staff interactions, training, and infrastructure changes (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014).

In addition to institutional resistance, cultural barriers within veteran populations can also impede TIC implementation. Veterans, particularly older veterans, may carry cultural stigmas associated with seeking mental health care. For many, admitting to trauma or emotional distress may be perceived as a sign of weakness or failure, which conflicts with the military ethos of resilience and stoicism (Vogt et al., 2019). The culture of silence surrounding mental health issues can prevent veterans from accessing care or fully engaging in trauma-informed practices, leading to underutilization of TIC strategies in clinical settings.

2. Lack of Trauma-Informed Training for Staff

Effective trauma-informed care requires specialized training for healthcare providers, support staff, and administrators to recognize, understand, and respond to the unique needs of veterans with trauma histories. However, a significant barrier to TIC implementation is the lack of access to comprehensive training programs. Many organizations fail to provide sufficient training, or when training is available, it may not

be regularly updated to reflect the latest research and best practices in trauma care (Menschner & Maul, 2016).

Without adequate training, healthcare professionals may inadvertently re-traumatize veterans by not being attuned to trauma triggers, such as certain medical procedures, environments, or interpersonal interactions. In addition, staff may lack the communication skills necessary to foster trust and create a safe, supportive environment that is essential for trauma-informed care (Fallot & Harris, 2011). The absence of a well-trained workforce limits the effectiveness of TIC and contributes to inconsistent care experiences for veterans.

3. Resource Constraints and Funding Challenges

Another critical barrier to the implementation of TIC for veterans is the limitation in resources and funding. Trauma-informed care is resource-intensive, requiring both human and financial capital to establish and maintain. This includes the costs associated with staff training, the modification of physical spaces to be trauma-sensitive, and the development of policies that promote safety and collaboration (SAMHSA, 2014). Many veteran care facilities, particularly those that rely on government funding, may struggle to secure the necessary resources to implement these changes comprehensively.

Moreover, there is often insufficient funding allocated to mental health programs for veterans, with priority given to more immediate physical health needs or other pressing healthcare concerns. Inadequate funding limits the ability of organizations to sustain trauma-informed programs, leading to discontinuity in care and the inability to scale TIC approaches to meet the needs of all veterans (Institute of Medicine, 2014). The long-term nature of trauma recovery requires ongoing support, which is often undercut by short-term funding cycles and budget constraints.

4. Logistical and Systemic Challenges

The implementation of trauma-informed care also faces logistical challenges, particularly in integrating TIC into large, complex healthcare

systems like the Department of Veterans Affairs (VA). Many veterans receive care through the VA, a massive bureaucratic system where changes in policy or care models can be slow to implement. The VA's extensive administrative procedures, combined with fragmented care pathways, create hurdles to embedding trauma-informed practices into routine care (National Council for Behavioral Health, 2019). Additionally, coordination between various departments—such as mental health services, primary care, and community support programs—can be difficult, leading to gaps in care that disproportionately affect veterans with complex trauma histories.

Further complicating TIC implementation is the challenge of accessing care for veterans living in rural areas. These veterans often have limited access to trauma-informed services due to geographical barriers, scarcity of specialized healthcare providers, and a lack of local resources. As a result, rural veterans may be underserved by trauma-informed programs, despite having high rates of trauma exposure and associated mental health issues (U.S. Department of Veterans Affairs, 2017).

5. Inconsistent Application and Understanding of TIC Principles

The inconsistent application of trauma-informed care principles across different organizations and care settings poses yet another barrier to effective implementation. TIC is a relatively new and evolving framework, and as such, its principles may be interpreted and applied inconsistently, leading to variation in care quality. Some organizations may adopt only superficial elements of TIC, such as modifying intake forms or language, without fully embracing the comprehensive changes required for true trauma-informed care (Hopper, Bassuk, & Olivet, 2010).

In addition, there is often a lack of consensus on how trauma-informed care should be operationalized in practice. This variability can result in confusion among staff and inconsistent care experiences for veterans, undermining the potential benefits of TIC. To overcome this barrier,

there is a need for more standardized guidelines and protocols to ensure that TIC is implemented consistently and effectively across different care settings (Menschner & Maul, 2016).

While trauma-informed care holds significant promise for improving mental health outcomes for veterans, several barriers hinder its implementation. Institutional resistance, cultural barriers, lack of training, resource constraints, logistical challenges, and inconsistent application all contribute to the difficulty of embedding TIC into veteran care systems. Addressing these barriers requires a concerted effort to educate, fund, and support trauma-informed initiatives, ensuring that veterans receive the comprehensive, empathetic care they deserve.

Conclusion:

Trauma-informed care (TIC) is a transformative approach to mental health services that is especially vital for veterans dealing with trauma. The need for such an approach is underscored by the unique psychological and emotional challenges faced by this population, including high rates of PTSD, depression, and other trauma-related disorders. By adopting TIC principles, healthcare systems can offer more effective, empathetic, and comprehensive care that addresses the root causes of veterans' mental health issues, ultimately enhancing their overall well-being.

The effectiveness of TIC lies in its core principles—safety, trustworthiness, peer support, empowerment, and cultural competence—which create a supportive environment where veterans can engage in treatment more effectively and with greater trust in the process (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Research indicates that TIC not only improves treatment outcomes but also fosters resilience and recovery by addressing the pervasive effects of trauma on individuals' lives (Fallot & Harris, 2011). This approach aligns with broader mental health objectives, emphasizing the need for a paradigm shift in how mental health services are delivered to veterans.

However, the path to implementing TIC is fraught with challenges. Institutional resistance, cultural stigmas, inadequate training, and resource constraints are significant barriers that need to be addressed to ensure the successful integration of TIC into existing healthcare systems (Menschner & Maul, 2016). Overcoming these barriers requires a strategic approach that includes comprehensive training for healthcare providers, institutional support for cultural shifts, and sustained advocacy for adequate funding and resources.

The recommendations for advancing TIC include the development of robust training programs, the creation of accessible resources for healthcare providers, and the promotion of a culture that embraces trauma-informed principles. These steps are crucial for improving the quality of care and ensuring that veterans receive the support they need to address their trauma effectively (National Council for Behavioral Health, 2019). By adopting these strategies, healthcare systems can enhance their capacity to deliver high-quality, trauma-informed care that meets the complex needs of veterans.

In summary, the integration of trauma-informed care into mental health services for veterans represents a significant advancement in addressing the impacts of trauma. Despite the challenges, the potential benefits—improved treatment engagement, better mental health outcomes, and enhanced overall quality of care—highlight the importance of pursuing this approach. Continued efforts to overcome barriers and implement TIC principles will be essential in ensuring that veterans receive the compassionate, effective care they deserve. As the field evolves, ongoing research and adaptation of TIC practices will be vital in meeting the changing needs of veterans and advancing the effectiveness of mental health services.

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