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NAADAC
ADDICTION TREATMENT IN MILITARY AND VETERAN CULTURE PART TWO

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>> AUTOMATED VOICE: The broadcast is now starting.

>> SAMSON TEKLEMARIAM: Hello, everyone. Welcome to Part 2 of 6 for this Specialty Training Series on addiction treatment in military and veteran culture. Today's topic is Supporting Life After Service: Addiction and Transition to Post-Military Life. Presented by Duane France. It's great you can join us. My name is Samson Teklemariam. I'm the Director for Training and Professional Development for NAADAC.

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Any questions that we do not get to we will collect directly from the presenter and post those questions and answers on our website.

Now let me reintroduce you to our very skilled presenter, Duane France is a combat veteran and master's level licensed professional, counselor practicing in Colorado Springs, Colorado. He is the director of veteran services of the Family Care Center, a private outpatient mental health clinic specializing in supporting wellness in service member veterans and their families. Duane is the executive director of the Colorado Veterans Health and Wellness Agency, a 503 (c) professionally affiliated with the Family Care Center.

He's a member of the public policy and legislation committee for the American Counseling Association and Military and Government Counseling Association. Duane was selected as inaugural class of the George W. Bush veteran leadership program and active in legislation and public policy for both the military population and the counseling profession.

In addition to his clinical work, he also writes and speaks about veteran mental health on his blog and podcast. Head Space and Timing, which can be found at www.VeteranMentalHealth.com.

Once again I cannot think of anyone better to provide this incredible training that blends addiction related professional training, clinical needs and cultural issues related to our honored service members, veterans and their families. Duane, if you're ready I'll hand it over to you.

>> DUANE FRANCE: Samson, thank you so much. Thank you again for NAADAC for allowing me to present this very important information. For those who joined to the first webinar, welcome back. For those joining us for this webinar for the first time, thank you for joining.

As Samson said, today's topic is going to be transition issues in veteran mental health. So first we're going to describe the concept of transition stress, what it is and how it applies to veterans leaving the military. We're going to articulate the psychological impacts, good and bad, of military service beyond the standard psychological domains, and identify how purpose and meaning, moral injury, needs fulfillment and relationships relate to addiction.

So for those of you who are joining for the first time, I wanted to go ahead and give a short overview, a review of the comprehensive veteran mental health model, which is what we're going to be working off of. And for those who joined on the first webinar who are watching this on-demand and watch this after the second webinar, this is going to be a refresher for you.

I would like to point out that there is a dedicated web page for this webinar specifically. It is going to be listed at the bottom of each of the slides. It's www.VeteranMentalHealth.com/NAADAC2. You will be able to see a more expanded

video, further reading and listening on some of the things I'm going to talk about, and most likely, importantly, those who might be interested, all the references I speak about are going to be listed there and they're going to be hyperlinked to the actual reference so you can do some review on your own.

A quick overview of the veteran mental health model is really looking at all the aspects of what we're talking about. First, when many people think about veteran mental health, they think about posttraumatic stress disorder, combat, not combat, we're thinking about veterans, many people automatically assume the first thing we're talking about is PTSD. I had a psychologist ask me how many personal deployments I have been on and I told her five. Of course you have PTSD. Not necessarily. Three of my five deployments were not traumatic at all in any way, shape or form. So not making that snap judgment is critical to connecting with veterans.

Next, of course, many people are understanding that the traumatic brain injury epidemic is emerging more significant in the current conflicts, mainly because of enhanced medical care and also enhanced equipment. So there's more survivability, which is very good, but that also correlates to a higher rate of catastrophic wounded, ill and injured and higher rate of traumatic brain injury.

As important as it is to NAADAC, addiction is a big concern for service members/veterans, and their families, both immediate and children. And so that is also an issue that we have to understand that we need to deal with with veterans.

And then finally, emotional dysregulation. Emotion dysregulation is -- PTSD has the emotional component to it, as far as anxiety and depression, but then there are things associated with military service not trauma-related that can develop into anger, anxiety and depression issues.

Beyond that, you then also have purpose and meaning. So purpose and meaning is really an existential construct that, again, these top ones we're going to go into a little bit

more, but purpose and meaning, how do I fulfill my satisfaction and post-military life the same way that I fulfilled it when I was in the military?

The emerging concept of moral injury first identified in the mid-'80s and identified and defined over the last 15-20 years, about certain things that happen in the military can change us morally. Some consider this is a soul injury as opposed to a physical injury like TBI, or a behavioral injury, like PTSD.

Then there's needs fulfillment, how do I meet my needs after the military when I haven't fully developed how to meet those needs? And the military is a different culture and framework.

And then, finally, relationships.

So this is really the medical model of mental health. And servicemen and veterans military family mental health. You know, there's a diagnosis for each of these in the DSMV. There's medications for each of these mental health professionals can bill insurance for each of these. There is no diagnosis code for these particular domains and this is really what we're looking at when it comes to transition stress.

So these four, what we're going to be looking at today, assuming there is a base of knowledge generally on the bottom four, but I want to be able to talk about transition stress. And this is really the transition stress that goes beyond just traditional military -- what we consider military mental health.

So transition stress is defined as a range of psychological impacts of military service that focuses beyond PTSD emotion dysregulation and TBI, which include a wider range of challenges, rewards, successes and failures that transitioning veterans might experience. And this is from an article by my colleague, Meaghan Mobbs and one of her colleagues, first printed in 2018. Again, at the bottom you see that web page, www.VeteranMentalHealth.com/NAADAC2. You will see that article linked here. This is

a very good article to understand what aspects of mental health need to be understood beyond just PTSD and TBI.

So today we're going to look at a couple different domains within each of these under purpose and meaning. We'll talk about loss of identity, meaning making and purposeful action. Under moral injury we're going to talk about traumatic loss and self-directed and other directed injury.

We're going to look at basic needs, psychological needs and self-fulfillment needs. And finally under immediate family or under relationships, we look at immediate family, peer relationships and professional relationships.

Now going to hand it over to Samson to conduct polling question 1.

>> SAMSON TEKLEMARIAM: Thank you, Duane. And, everyone you will see the poll pop up on your screen in a moment. The question in the poll is: Current military transition programs assist service members and their families to transition psychologically to a post-military mindset, and then you will see five answer options. And you can interact with the presenter right now. The options are strongly agree, agree, neither agree or disagree, disagree, or, E, strongly disagree.

It looks like about 40% already responded. Quick trigger fingers there. We'll give you about 10 more seconds to respond.

We have 83% responded. Before I turn it back over to Duane, as a reminder, in order to access the CE quiz for this webinar, please make sure to view the entire webinar and

listen for the password. This password is revealed in three separate sections throughout the webinar. Here I will share with you the first part of your three-part password. Again, you will have -- the word will be one word, all lowercase, and the first part is [REDACTED] (for the hearing impaired please email ce@naadac.org for CE Quiz password assistance).

Now back to our presenter. I'm going to go ahead and close this poll and share the results. Duane will speak to these results and continue the presentation from here.

>> DUANE FRANCE: Thank you, Samson. I appreciate it. We have a little bit of a spread, but over 50% of you either agreed or strongly agreed that current military transition programs assist service members to transition to a post-military mindset. In my personal experience and in the experience of many, many veterans that I work with, these transition programs do not do so. I first went through my military transition program in 2013. Much of it -- we consider it really a transactional type transition. Let me teach you how to do a resume, let me teach you how to dress for success. But there's really no formalized access of how do we help these individuals change, and if you're considering the task in change model, actually change their mindset into a different culture. The other -- just about half of you neither agreed or disagreed or, you know, on down.

And this is actually a challenge, is we assimilated into basic training, assimilated into a military culture, but there is no corresponding assimilation on the other side.

So moving on to purpose and meaning, really want to talk about purpose and meaning and some of the aspects what we're going to talk about. Many veterans that live with

PTSD live with profound doubts about the meaning of life dominated by suffering, guilt and death. This loss of meaning and purpose has pronounced effects on all areas of psychosocial functioning, from our friend Southwick and his friends. This doesn't mean all veterans are PTSD riddled nutcases so to speak, and really don't want to perpetuate that stigma, but understand there are profound existential concepts that we need to help veterans understand, and their families understand as they transition out of the military.

So there is a loss of identity in post-military life. There's a lack of support for assimilation into non-military culture, as I was just discussing. Meaning making in Post Military Life, finding something that provides as much personal satisfaction as military service. And, finally, finding purpose. Engaging in activities that provide a sense of purpose comparable to that of military service.

So first looking at our loss of identity.

This is from our colleague Smith and True. Service members undergo significant identity transformation when we join the military in order to assimilate into military culture. Every branch of the military has their basic military training, whether it's Boot Camp, whether Basic Training, it is structured and deliberate. We are put into groups. We are de-identified in an interesting thing for those who joined really in the very first couple weeks you try to get to know people, you go by nicknames, right?

Really it's a de-identification process. It's not brainwashing, but training and assimilating into a military culture. When a service member leaves the military, no structured deliberate identity transformation is similarly performed, even with individuals like myself who quote/unquote had a good transition and went through the transition process, even much more so than individuals who may be leaving the military in an abrupt way, whether it's because of medical reasons or behavioral reasons or things like that, there is not this transition.

So we are transitioning from a collective culture to a loosely connected culture.

The military is a collective culture in a group of individuals that are closely linked. We are leaving a mutually supportive and integrated environment into an autonomous environment. I was just thinking this morning about connections in the military. We have very strong connections like our very closest friends we would have in our platoon and squad and company. Then remote connections, which is my buddy down the street who I went to school with two years ago but we know and run into each other every once in a while but I know if I need something, I can pick up the phone and I can get it from him or her. So, again, in my experience, having been retired the last five years, we have to recreate that kind of network and an autonomous environment, which really does include a lot of independent connection rather than interconnectedness. Then we leave a dichotomous structure. Enemy allies, superior subordinateness. There were times I actually had veterans say that -- when I was in the military, I could look at someone's uniform and immediately determine where I was in relation to them. Did they out-rank me? Did I out-rank them? Were we equals from different services? In the corporate service, there isn't that. You can't just look at someone and determine your hierarchy. And that takes a change for a lot of veterans to adapt to a more variable and less-defined post-military environment. One thing I often describe is a colleague of mine, a special forces soldier, medically retired after 18 years. He said the army would not allow me to be me anymore. I was no longer allowed to be who I was and I didn't know who I could become.

So there is a significant loss of identity whenever we drop that uniform in the corner and we know that we're not going to wear that for the very last time, and our identity has been wrapped up into that the last four years or 24 years.

There is also an aspect of meaning making. So global meaning, referring to a person's fundamental beliefs, values and goals and subjective sense of purpose, all of which function together to infuse life with security and significance.

Meaning is a construct that we apply to internal motivation that satisfies us. Right?

It is something that, you know, makes us feel good.

Service in the military was personally satisfying and -- was personally satisfying and based on core values. Each of the services are different, but things like loyalty, honor, duty, respect, sacrifice, all of these things. Not to say that non-military life is not based on core values, but they're not as quickly or easily defined and in my experience may not be widely adopted. Also I don't want to say that all veterans are mythic heroes. We know there's good and bad people everywhere. But by and large, the conduct in the military is based on an agreed-upon core set of values.

Opportunities for meaningful activities and post-military life are significantly different. And opportunities for meaningful activities during the military. I was in the 82nd airborne division in the late '90s finished my career with the 10th special forces group in their support element for the last two and a half years of my career. I really loved jumping out of airplanes. I jumped out 32 too many times in the military. And it was very meaningful to me. One of my last jumps was out of the back of a Chinook helicopter out of a reservoir of water looking out over the Denver skyline. Those opportunities really don't exist unless I go search for them. So there are different types of meaningful activities, and if we cling to the meaningful activities that we enjoyed in the military, then we're going to struggle to find those in post-military life.

And then a lack of personally satisfying activities and post-military life can lead to disaffection and hopelessness.

And finally purpose and meaning and purposeful action veterans talk about the need for purpose in their lives knowing that there's something more in life for me to do, or that they're still able to do something. My colleagues Brenner and her colleagues in 2009. Construct is a concept that is applied to external effort that satisfies us. So we can have things to do. We can have a job. That is a purpose to be accomplished, but that may not be personally satisfying to us.

I had a colleague once who tells a story about the fact that he was a squad leader in southern Afghanistan and responsible for these eight men's lives and multi-hundreds of thousands of dollars of equipment and then went to work for a sawmill and the first day he went to work for a sawmill they handed him a dustpan and broom and said, here's your job. He was looking at it... yes, it provides something to do, purpose, but it's a significant change between the purpose he had experienced.

Service in the military provided a sense of tangible accomplishment with feedback, correction and encouragement. The correction and encouragement were often, you know, not lightly applied, I guess I should say euphemistically, but you knew where you stood. You knew if what I did was right or what I did was wrong and you were able to correct it pretty quickly.

Activities that provide both purpose, which is a task to be accomplished, and meaning, a task that satisfies, are not easily found in post-military life.

So I could have a job that gives me purpose. It gives me a reason to wake up every morning, but it's not satisfying to me. Similarly I can sit on the couch playing video games for 12 hours a day, that's personally satisfying to me, but it's not actually making purposeful work.

Each can be satisfied separately. This is one of the things I see in many veterans, is that they think in the military we had both that meaning and purpose satisfied in the same element, in the same task, the same service, but I encourage my clients to satisfy

them separately. Have a job that gives you a sense of purpose, that gives you, you know, I'm doing something, and that's the explanatory style. But then go out and find another activity that provides meaning to your life. Volunteering with children or, you know, working with a local trails building organization or the Humane Society, or anything that provides some sense of a -- some sense of satisfaction. And you don't have to find both at the same time.

And then finally, you really want to look at how these tie into addiction. Quality of life is poorer among substance dependent individuals and substance use disorder treatment seekers than among cohorts without substance abuse. Consistent across comparisons, clinical and non-clinical cohorts.

Quality of life, what we're talking about, is a service member's quality of their post-military life. A lack of purpose and meaning in post-military life can result in hopelessness for a meaningful future.

I have heard veterans describe it as I'm walking through life backwards and the best part of my life happened when I was 24 years old. And that can be very challenging if we don't help that individual become aware of the fact that that's not very beneficial for them.

A sense of hopelessness and despair for the quality of life comparable to that of the military can cause veterans to turn to substance use to fill that hole.

There is a hole within us whenever we leave the military. It's a huge part of identity, as I said before. And so something is going to have to fill that hole. And if we're not deliberate with what we fill that hole with, it is going to get filled, and many times it does with substance abuse and addiction. This is especially pertinent for veterans whose military service ended programs assist maturely due to medical reasons or behavioral discharge. I myself had arguably about 24 months psychologically I was preparing but about 13 or 14 months as I was preparing to retire to get to that point.

Thinking of the stages change model, I moved to precontemplation and contemplation and all that. The military requires us to lead even if we're in precontemplation mode when it comes to change.

So understanding how this is critical for a shift is very, very important, especially if you have a client whose military service ended more abruptly or before they thought that it would.

Next I want to hand it to Samson for polling question 2.

>> SAMSON TEKLEMARIAM: Thank you, Duane. Everyone, you see the poll pop up on your screen in a moment. The question in polling question 2 is: Service members have a strong value system that allows them to rationalize a wide range of necessary behaviors. Strongly agree, agree, neither agree or disagree, disagree or strongly disagree.

You'll see these five options pop up on your screen and get to interact with our presenter using the poll and then he will get to speak to your answers in just a moment.

We have almost half responding. I'll give you about 10 more seconds.

Thank you, everyone. We have 75% responded. I'm going to close the poll, but a reminder to send your questions in the questions and answers box and we will hold

them in the queue. Our first live Q&A will be coming up before the polling question number 3.

So, again, go ahead and send your questions in and we will ask them as they come up. So we'll close the poll here and share the results and I'll turn this back over to your presenter.

>> DUANE FRANCE: So, again, a number of you, majority of you, about 68% to 69% either agree or strongly agree that service members have a strong value system that allows them to rationalize a wide range of necessary behaviors. And I'm not talking as we approach into this discussion about moral injury, I'm not talking about significantly, you know, war crimes or anything like that. But that is actually true. I've had veterans say that they never lost a moment of sleep over an enemy death but the fact that because it was a necessary thing that they had to do, they said it was them or me or I was protecting my friends or the patrol or the objective or things like that. So the strong value system that is developed within each of the military services, and even to the point of institutional culture within each organization really allows veterans to change service members, when they were service members, to change the thinking about some of these things. Even to the point of consciously or subconsciously accepting or rejecting responsibility for certain things.

So next I want to talk about moral injury. We discussed this again in the first webinar, but really going more in-depth here. Perpetrating, failing to prevent, bearing witness to or learning about acts that transgress deeply held moral beliefs and expectations. We're going to talk about traumatic loss, feelings of loss and guilt related to a loss of valued team member. Self-directed moral injury. Sense of guilt and shame related to the service member's own actions. And other directed moral injury. Sense of anger and betrayal related to the actions of others that impacted the service member.

So first, connected to traumatic loss. It is complicated or long grief reaction stemming from the traumatic losses that they share features with PTSD but have shown to be distinct in a number of ways that have important implications for treatment. Survivor's guilt, when you're not directly related to the trauma that happened, is distinct from PTSD.

So there's a sense of shame and guilt that can accompany traumatic loss. For example "it should have been me, I should have been the one who died." They had a wife and three kids. I didn't have anybody at the time. They were a better person.

Many different things that we rationalize harmfully, perhaps.

Emotionally charged memories related to traumatic loss can impact cognitions and emotions in post-military life.

Here is an example, a personal example, but I think it's appropriate. I woke up this morning and realized I was having a dream about me chaperoning a number of kids to a baseball game. I've never done it before, but that's where my brain was taking me. Turns out we were loading everybody back up on the bus and because we had counted one short, and then when I woke up, I realized that the last person to get on the bus was a non-commissioned officer that I lost to drug overdose probably about four years ago. I hadn't thought about her in some time. We hadn't connected many times before that. But this many years beyond, it's the last time she and I were connected when she served underneath me ten years ago and we lost her to a drug overdose.

And so these emotionally charged memories can really, really impact people many years down the line. I wasn't there when it happened. My experience of loss with her is much more associated with traumatic loss than it is with a traumatic stress reaction.

Holiday remembrances, Memorial Day and veterans day, of course, or anniversary reactions can extend feelings of traumatic loss. Many service members, and especially

in my experience, the current service members, have significant anniversary reactions either in spring or fall, because in our current conflicts those were the height of the combat season. And it's not just tied to a particular day. It's not -- Memorial Day is sort of a global grief. Veterans day is sort of this remembrance. But it could be April 4th. Or my example, October 25th is my -- a Memorial Day for me for one of the service members that we lost in Afghanistan. And those around me, those who know me best know that that is an event for me, or a day for me, in which I may be acting differently. And it's important for us to understand for our clients when those anniversaries are coming up, and sometimes I've even helped my clients realize that where they're feeling a little dysregulated right now is related to an anniversary they had forgotten but subconsciously were reacting to.

Next we'll talk about self-directed moral injury. It's guilt and shame about the betrayal of personal moral standards by the service member or the veteran.

Self-directed moral injury can result in self-loathing, blame and feelings of unworthiness to engage with others in post-military life. It can cause veterans to describe themselves as monsters or villains. You know I mentioned I work with our local veterans court. This young man said, when I went to that valley, I thought I was Captain America. I thought that I was doing the great American work. And when I came out of that valley, I was convinced that I was Dr. Doom. And this was over a 12-month period that he really found himself to be a villain, an evil person.

Could result in social isolation in order to protect others from perceived danger in order to "protect others from myself."

So many people think a veteran social isolation may be "I don't want to be bothered by other people," but in some instances veterans can feel as though I don't want to taint other people. I'm such a bad person, I don't want to subject other people to me.

And this is not only due to a service member's own acts but inability or inaction to stop others from acting. I did nothing to stop it. Or I made a decision. And, again, I think I used this in the last webinar. I'm the one that decided to take the left-hand route instead of the right-hand route, and even though I wasn't the one that planted the idea or triggered the idea, it is my fault. Or even someone who was in that vehicle who felt like they should have said, hey, we should go to the right-hand side but did nothing. So moral injury is really about our own value system and how our own value system -- and how we reacted in opposite of what our value system is.

Next other directed moral injury, anger related to the emotions regarding behavior of others. Other directed moral injury can be expressed by moral disgust regarding the actions of others, perceived wrongdoing, or anger and actual -- excuse me -- actual or perceived betrayal.

So this is sometimes directed as an institution or group. You know, those jerks up in the headquarters don't give a crap about us out here on the route. They just want us to die.

I hate the Army. This is something I often talk to clients about. You know, I can't stand the Army or the Marine Corps. Let's get the Army in the chair and have a discussion. We can't do that, right? The Army is not an individual. So their directed moral injury can go to a global place, which can be anger expressed at an institution or organization.

It is sometimes directed at an individual and related to specific acts. And so my squad leader or the gunner in the vehicle in front of me or my platoon leader who all he wanted to do was get the medals and we were just in danger all the time and he was a hot dog and showboat.

It can result in a mistrust of other people, authority figures, and/or social contracts or institutions. And so this sense of betrayal, someone died because this person in charge, this person/authority made the wrong decision could cause veterans to think that, well, all authority figures -- and this one thing I have seen very, very frequently is a

misdiagnosis of some of these things as antisocial personality disorder. This isn't a personality disorder. The antisocial personality disorder development chain, it wasn't there for a lot of these individuals. It may look like we are -- that they are -- we are -- being antisocial or against certain types of authority, but it doesn't mean we're anarchists or it's a personality disorder. It's actually a cognitive response to the trails in our past.

And finally, under addiction, veterans diagnosed substance use disorders often experience shame or guilt related to their substance use, which have been associated with poorer recovery. Shame, guilt and sense of betrayal are specific maladaptive emotions related to moral injury which could be exacerbated by substance use and addiction. I've heard veterans say, my buddy would want me to live a better life than what I'm doing now. So addiction, shame and guilt related to their addiction or substance use, also shame or guilt how they're living their life in the sense of betraying a person who they may have lost.

Self-medicating in order to alleviate painful emotions related to traumatic loss or betrayal by self or others. It can be exacerbated by memorializing or celebrating the life of those lost.

I hear veterans say I shut myself in Memorial Day weekend and stay drunk. In order to self-medicate or in order not to address some of these guilt or shame feelings.

And then requires determination of whether guilt and shame are related to their substance use, are related to moral injury, or related to both.

So now I'll pause and have an opportunity to answer a couple of questions before we move on to the next half of the webinar.

>> SAMSON TEKLEMARIAM: Thank you, Duane. We have questions coming in. The first question is, when you talk about transition stress, it's similar -- is the transition stress we're talking about similar to an adjust disorder?

>> DUANE FRANCE: It can be. Again, this is where, if we're going to look at codifying it or, you know, diagnosing it, then, yes, it is adjusting from one set to the other. But really adjustment disorder is very time limited. It has a very specific period of time, whereas some of this transition stress, it could happen over a number of months or, for some of our older veterans, a number of decades.

>> SAMSON TEKLEMARIAM: Excellent. Thank you, Duane. The next question is: What are some things counselors need to consider when working with a dishonorably discharged vet versus one who wasn't?

>> DUANE FRANCE: Great question. A very great question. Number one, the difference between the characterizations of discharge is very, very important. So there's neither honorable nor dishonorable. Again, there's not this dichotomous choice. You go from honorable to general under honorable conditions. Both are those considered quote/unquote good. Below that you have general other than honorable conditions, bad conduct discharge, and then a dishonorable discharge.

I've been working with veterans for five years. I have never worked with a veteran with a dishonorable discharge. That means they are convicted of a federal crime. It is very, very egregious for an individual to receive a dishonorable discharge. And actually in many definitions of veteran, that actually designation of the pure dishonorable discharge eliminates from them -- they lose all of their benefits. But it happens very, very rarely.

Majority of less than honorable, if we can term them that, are bad conduct discharges and discharge under -- general discharge under other than honorable conditions.

Many times for both of those, it is almost an arbitrary decision on the individual's chain of command as they're being discharged. And so I have had an example in which a married couple, the individual that I'm thinking of, female veteran, had come back from a couple of deployments and got involved in heroin use. First her husband started and then she started. And then obviously while on active duty this caused challenges for both them and their children. Well, they were in separate units, so her husband, during his discharge, was given a general under honorable conditions. She in her unit she was given a general other than under honorable conditions.

This is how they are able to access services at the state or local level. So there are ways around that, but going back to the initial question is really understanding that it's a very fine line and it's almost Caesar's thumb up or down whether or not an individual had a fully honorable or above honorable or less than honorable discharge, and really understanding that the traumas and the challenges is just that the lack of resources may exacerbate some of those challenges.

Great question.

>> SAMSON TEKLEMARIAM: Thanks, Duane. We'll do one more before we continue with the presentation, and everyone, as a reminder in order to access the CE quiz, make sure to view the entire webinar and listen for the password. We will revalue the password for the CE quiz in three separate sections throughout the webinar. So here I'm just going to share with you the second part of your password. We shared the first part earlier in the webinar.

The second part is [REDACTED] (for the hearing impaired please email ce@naadac.org for CE Quiz password assistance).

So we're going to go ahead and ask this next question. Sorry, someone sent in a chat message. I'll say it again.

The second part of your password for the CE quiz is XXXXXXXXXX

So this last question and then, everyone, we're going to do one more live Q&A later on towards the end of the webinar. Please continue to send questions into the questions box on your GoToWebinar control panel. And we'll ask them in the order they were received.

Duane, you mentioned antisocial personality disorder as an example of a misdiagnosis and inaccurate assessment because of cultural considerations weren't looked at. Are there others like that that we should be aware of?

>> DUANE FRANCE: Another excellent question. I swear I did not prep these questions ahead of time.

Yes, typically I see bipolar disorder as a misdiagnosis. This accounts for a lot of the mood swings up and down. And also borderline personality disorder. Again, we think about this isolation of "I love you, I love you, I hate you," "I need you, I need you, I can't stand you." These back and forth issues. Borderline personality disorder is another one I see many individuals -- excuse me -- not just -- perhaps maybe a majority of female veterans or some female veterans have that misdiagnosis.

That being said, one thing that we have seen when we think about this moral injury and the challenges when it comes to authority and maybe, you know, playing fast and loose with the rules, there's an intervention called "moral recognition therapy" that was developed for, you know, justice-involved individuals, but it works very, very well. Here in our local area, we have in the past held a Moral Recognition Therapy group, and our local Department of Veterans Affairs also has a Moral Recognition Therapy group. It

seems similar, but it doesn't have the history of antisocial personality disorder. We don't have this history of the borderline personality disorder. And then the bipolar disorder is really just these massive mood swings, but it's not the biological basis.

And so those are, I think, the three most significantly misdiagnosed conditions when it comes to veterans in my experience.

So thank you for those questions. As Samson said, we're going to continue with another set of this Q&A at the end, and then, of course, if we don't get to those, we will be able to get them out to you by the end of next week.

Next up we're going to have polling question 3. So I'll hand it over to Samson.

>> SAMSON TEKLEMARIAM: Excellent. Thanks, Duane. For polling question 3, we'll launch this so you can see it on the screen.

The ability for veterans to attain mastery in one domain, the military, translates easily to attaining mastery in other domains.

Strongly agree, agree, neither agree or disagree, disagree, strongly disagree. You can answer the questions and it will feed directly to Duane so he can see them, and he will -- I'll share the results and he will speak to the answers in just a moment. We already have half of you responding. Thank you so much. Everyone else continue to respond. I'll give you about five more seconds.

Thank you so much, everyone. I'm going to close the poll. As a reminder we'll do one more live Q&A towards the end of the webinar. Just keep sending the questions in to

the questions box on your GoToWebinar control panel. And we will share the results and turn this back over to your presenter.

>> DUANE FRANCE: So a majority disagree or strongly disagree, including the neutral/not certain. And perhaps we know this mastery in one domain does not translate to mastery in any other domain. I'm not sure how many people in the audience right now have jumped out of airplanes, but that does take a level of mastery that we have to train up to.

But this is especially true when veterans are achieving a very high level of mastery in one aspect but then struggle in other aspects.

I've heard recon snipers say I used to brief two star generals on the highest level of intelligence we were gathering but I go home and look at rental contract and I'm lost. So when we move into this concept of how do we meet our needs and looking how do we meet our needs in a new way or different way, it can be very challenging for individuals to translate that, and especially if they were working at a very, very high set of mastery in one area and then there's this cognitive dissonance when -- it's almost as if I can drive a tank but I can't tie my shoes. Not that we can't tie our shoes or any tankers out there, I'm not saying tankers can't tie their shoes, but it's one of these things where it's this very, very high technical mastery versus a very seemingly quote/unquote simple that can be challenging.

So we're going to go into needs fulfillment, which is really looking at this transition. Again, all of these notes and the references that I discuss here are on the website www.VeteranMentalHealth.com/NAADAC2. You can access it any time. That is a web page that is going to remain up as an adjunct to this webinar.

After leaving the military, the service member must reintegrate into their community through readjustment into number of areas, to include meeting needs in several domains, purpose, relationships, meaningful work and needs fulfillment. One is

considering Maslow's hierarchy of needs and how it applies to veterans. If we think back to Maslow, it doesn't say how the needs are met, it only identifies what needs are met..

So really lumping Maslow's hierarchy into three different areas, basic needs such as physiological and safety needs. Psychological needs, as far as belongingness and esteem.

And then self-fulfillment needs as far as self-actualization and replication.

So basic needs. Social and behavioral determinants of health are powerful drivers of morbidity, mortality and future wellbeing. Veterans need social determinants of health such as stable housing, financial security and food security. Failure or inability to satisfy these needs can lead to frustration and disappointment. Again, especially if I was successful when I was in the military, I could handle it there, but I can't seem to figure it out here.

Basic needs are provided for while in the military but they must be met in new ways in post-military life.

My family and I arrived here to Fort Carson, Colorado in 2006, they handed me a key, here is your lodging on post. When we decided to no longer live off post, the military gave me the money I needed to cover my mortgage. When I was in Afghanistan, I didn't have to worry about who was going to get me food or water. That was somebody else's job. My job was to make sure that the food and water got to the next place to give it to those people.

So basic needs are very much provided for while in the military. And we have to figure out how to do that, having not had it provided for us afterwards.

Inability to address psychological wellness if focused on meeting basic needs. A colleague of mine describes it in this way. He's a marriage and family therapist, Dr. Joshua Krameyer here in Colorado, again, Army vet, combat vet who became a clinical mental health counselor, but he describes this as it's very hard to talk about your inner child if you don't know where you're sleeping tonight.

So this goes into Maslow's hierarchy that the veteran may be addressing significant trauma or may need to address significant trauma, but if they can't get their safety needs or basic needs met, then it's very challenging to get them to a place where they can consider how these traumatic events or cognitive events are really affecting them.

Basic disability compensation might satisfy or improve or remove the imperative basic needs, but it does little more to satisfy other needs.

And so if we think about an individual who is -- who receives VA disability, so there is a monthly compensation check based on service-connected disability, that may provide, you know, a measure of stability. It may say, okay, I'm not hurting so much, I have a house, I have food. But that disability compensation does not -- it doesn't buy us friends, right? It doesn't give us those other higher level needs. It doesn't address those higher level needs.

Moving on to psychological needs in post-military life, mismatches in communication and being misunderstood can lead to feelings of invalidation and challenges with social relationships, identity, belongingness, and self-esteem. Connecting to others and reestablishing mastery in new domains is critical for veterans. Here we're talking about the belongingness needs. Belongingness and a sense of community is critical to military culture. So the idea of "I am connected with my fellow service members, my fellow Marines." And it even extends out beyond my service while I'm into sort of the veteran community while I'm out, a sense of belongingness, you know, I have a number of marine friends. My marine friends say it's because they're cooler than all the rest, but that's what a Marine would say.

But it's not so much army, marine corps, navy Coast Guard thing, but it is a veteran things because there's a shared sense of community and bond. In there's uncertainty how to establish new relationships which could lead to isolation. It's very hard for adults to make friends with other adults, right? I mean, we're sort of set in our community, set in our mode of way of acting unless we're put in a situation that we -- that we have to expand beyond that, right? In working in this webinar, Samson and I have become very friendly with each other and he's a great guy and someday we're going to share a cup of coffee. If I hadn't been doing the webinars and Samson wasn't the one to help me with this, we wouldn't have connected in this way. So a lot of veterans will avoid this ability to connect with other people because they're not sure how to establish new relationships.

And then, again, service members that have developed mastery and competence in a certain skill set must adapt or develop mastery and competence in a different environment.

So it's one thing to be able to go into a new unit and you're the new guy and you're connecting with other people, or the new gal, but it's another thing to move to a new town and you don't have somebody there saying, hey, Josephine, let me show you the ropes.

And so learning how to meet these psychological needs of esteem and belongingness can be challenging.

And then finally, self-fulfillment needs. There's a consideration of the holistic needs of veterans to include physical social self-fulfillment and self-worth needs. Closely tied to meaning and purpose in post-military life, the goal of sustained effort towards self-actualization and replication, also mentorship, which is very familiar with veterans. Service members are familiar with collective effort towards a measurable goal. Whether

it's, you know, trying to get a certain score on a table, a weapons table on a range, or trying to get this particular -- a time thing down, right?

So service members are familiar with collective effort.

Personal and professional development provided by the military must be replaced in post-military life. That's one of the things that we had when we're in the military, is we were schooled all the time, right? I went to school when I hit one rank, and then another rank, and another rank, and we were given professional development by leaders over here and providing it over there. So there is a sense of maybe there was a need for Continuing Education Units in the military because it was such an integrated part of the life, the service that must be replicated and replaced in post-military life in a different way.

And then finally, opportunities for community involvement and service can provide satisfaction. So this is one way, say, that the veteran really starts to understand how to get their safety, their basic needs met and then psychological needs are met. I'm getting into a friend group or a peer group, and then how do I then move beyond and meet those higher needs of self-actualization and even replication? Community involvement. Again, back to the volunteering thing. Community involvement and service can provide satisfaction. There are organizations now that are supporting this for veterans. You know, Team Rubicon for a veteran that wants to do disaster relief. Or team Red White and Blue for fitness, or the mission continues for community service. These type of things can really benefit the veteran.

Then finally the addiction aspect for needs fulfillment. In a study of Vietnam veterans with opioid use disorder Robbins identified that veterans who appear for treatment have special problems that will not be solved just by getting them off drugs. These problems he went on to describe as lack of stable housing and employment, social isolation and inability to achieve self-fulfillment. Substance use among unhoused and unemployed veterans is significant, as many know. Relapses during recovery often jeopardizes

basic psychological and self-fulfillment needs. So this concept of the relapse and stages of change, if we're starting to engage in a new friend group and then we relapse, then it can damage those bonds where we're trying to make new friends.

Then addressing substance use disorders only will not address the veteran's inability to meet their needs but a lack of treatment may create more barriers to achieving those needs.

So just addressing the substance use disorder, just gaining sobriety, maybe that gets them back up to baseline, but it may not -- but -- it can provide some of these other things, but by not getting that treatment, it can definitely create a barrier.

So next up I'll hand it over to Samson for polling question 4.

>> SAMSON TEKLEMARIAM: Thanks, Duane. And, yes, everyone, you will get your last polling question here. The question on your screen you will see -- and it will pop up with interaction. Many veterans experience social isolation in their post-military life. Strongly agree, agree, neither agree or disagree, disagree, or strongly disagree.

You'll see this poll pop up on your screen in a second and get to interact with our presenter. We'll give you about 10 more seconds to answer the question. Looks like half of you already have. So we might not need the whole time. Also, again, thank you for sending in your questions. We will get to them in the order in which they were received.

Go ahead and click on the questions box for those who haven't sent in questions, and you will get your questions answered in just a moment towards the end of this webinar. About five more seconds, everyone. Thank you for answering the poll.

Okay, we're going to go ahead and close the poll. We'll share the results. And I will turn this back over to our presenter.

>> DUANE FRANCE: So, it's pretty clear here. Significant majority of you either agree or strongly agree that many experience social isolation in post-military life. I want to apologize me clearing my throat, both to you watching this live and on the webinar, my apologies.

This is a little -- you know, many veterans, it's very hard to quantify this, so it's a little bit of a broad question, but it does indicate that many people who may or may not be service members do think that a majority of veterans do have this sense of social isolation.

Maybe not necessarily. I have not experienced social isolation in my post-military life, but there are many, many veterans, hundreds of thousands of veterans or service members that leave the military every year and go on and lead full connected, you know, move on to employment. So not all veterans want to go live up in the hills and stay away from everybody and live in a bus in the woods. Some do. I don't know that it's even a majority of that.

So this is something that, although social isolation is a challenge, it's not a widespread challenge across all veterans.

Okay, moving on to the last area that we'll be talking about, which is relationships. Social connectedness and the ability to adapt to both positive and negative psychological impacts of military service are important for veterans who want to increase satisfaction in relationships in their post-military life.

So we'll be talking about the immediate family, spouse and children, as well as close extended families of parents and siblings. Our peer relationships, social relationships among military and non-military peers. And finally professional relationships, engagement in the workplace with colleagues, supervisors and subordinates.

So veterans with indicators of lower income consistently report lower levels of social support and family functioning and have more difficulty with community reintegration. Again, we're thinking about this adjustment disorder, but it's really what do I have, the social supports? Departing the military or returning from combat impacts veterans' relationships more so if the veteran is catastrophically wounded or injured, adding some of these different challenges on top of it.

Romantic relationships often need to adapt to changes due to military service. As we go through our lives, we are -- our relationships mature and change and need to adapt over time. But sometimes some of this extended absence of military service requires relationships to adapt even more than one would normally think. Not just the transitions maybe that we might think of empty-nesters as the kids are growing up and out of the house, as these different stages in our adult life, but really consider this as going from single parent to dual parent to single parent to dual parent, to especially if the relationship was through the military service.

Parenting children is difficult when the service member was on a repeated deployment cycle. As I mentioned in the first webinar, I believe, and I speak about often, my children were in kindergarten and first grade when I started to deploy in 2006, and they were approaching high school whenever I stopped deploying in 2013, my last deployment. There wasn't a calendar year between 2006 and 2013 where I was not gone for part of or the majority of that year. Significant, you know, childhood development, where understanding is submerging into pre-teen years, identity and understanding where we're coming from. And then just moving back and forth is a challenge.

Immediate family with less frequent contact, such as parents and siblings, especially if someone is in the military and they are geographically separated. They will see changes more starkly and more likely comment on them than the veterans' nuclear family of the spouse and children they meet every day.

Consider the fact if you haven't seen somebody for seven months and they've lost 30 pounds, it's very, very stark for you and you're like, oh, wow! Or they grew a beard. Or they changed their hair. And so these drastic changes. But for those individuals in that group, the changes happen gradually and you don't really notice it, and then it's more likely to be commented on than the veterans' nuclear family. One example is... my mother-in-law, love her to death, my wife and I have been married going on 21 years, but my mother-in-law commented to my wife one time that -- well, he's really changed since he's had his deployments, hasn't he? She noticed it. We may see them two or three times a year.

So it's one of these things that immediate family, parents, siblings, cousins, will be able to have these very stark contrasts, and likely comment on them, and then, well, we have to address how we respond to the comments.

Peer relationships. Again, this really goes back to how the needs are -- and, again, for those who didn't attend the first webinar, I don't want to make this seem like it is a purely, you know, these are the buckets and they don't have overlap. This is a way to conceptualize general areas, but these peer relationships really do connect to this belongingness need in the last section we were talking about. Studies show that resilient veterans have more social support than those identified as distressed. This includes being more likely to be married or living with a partner and score higher on measures of social connectedness and community integration. Establishing non-military and non-romantic relationships in post-military life is important for a successful transition.

Sustaining friendships with those that the veteran served with while developing non-military peer relationships. Not just hanging out with other veterans. I have a colleague, again, another -- an Air Force intelligence analyst who became a clinical mental health counselor, Timothy, he worked with college age veterans -- not college aged, but veterans engaging in higher education after service. And he would say that he would see probably the first year, year and a half, they still would be wearing the clothes they pulled out of the Duffle bag and hanging out with other veterans, growing the long bushy beard or still maintaining the kind of appearance they had in the military. Sometime about sophomore year, the more successful ones developed a different type of wardrobe. Maybe they still have their beard but it's a little trimmed, or maybe they change their hairstyle and stop hanging out with other veterans and start hanging out with other pre-med or other economists or other, you know, pre-dental, so to speak. So it's moving from holding on to it's very, very important to continue these very lifelong relationships after we serve in the military but also important to develop non-military peer relationships.

Engaging with others with similar interests but diverse backgrounds. So if you join a Meet-up group with a hike, depending on where you're at, in Colorado Springs we have a high density of veterans. Likely a number might be veterans, but maybe not. So engaging with other similar interests, whether it's a, you know, tabletop gaming group or, again, a hiking group, or biking or a motorcycle club, similar interests to veterans that have a diverse number of backgrounds so that it expands that concept of not just speaking to the same people about the same things.

A lack of trust or misunderstanding. Going back to this concept of moral injury. Can lead to social isolation or adherence to a homogenous peer group where I am just hanging out with people that know me and we've known each other for years and we just stay connected.

Finally, professional relationships. Review of career transition of post 9/11 veterans, those veterans who served in any capacity after September 11, 2001, service

connected disability identified four themes how employment is portrayed or described. Barriers due to mental health, challenges associated with career-related identity, workplace stereotype and stigma, and benefits, ratings and unemployment.

Similar to reestablishing peer relationships, it can be challenging for veterans to adapt to a new workforce environment.

Veterans are described as intimidating or intense by their coworkers. They don't necessarily have a reference because this is based on my own experience, and it is something that I've heard from a number of veterans, right?

You know, very mission-focused mindset. This military mindset. It's not a hierarchical yes, sir or no, sir, yes, ma'am, no, ma'am, but let's just get this job done, and sometimes that kind of demeanor can come across as intimidating or intense while it's not meant that way by the service member.

There is a misunderstanding and a mistrust of peers and superiors as unable to relate.

Stigma and lack of awareness about military service could lead coworkers to distance themselves from veterans in the workforce.

This is where the dreaded question of "Have you ever killed anybody" comes up. It is a very personal and very intrusive question, but many, many veterans hear it over and over again. I heard it a number of times. Thankfully the few times I have heard it is with a number of friends where I was able to explain a little bit how inappropriate that question was. And so there's these things, there's a natural curiosity about military service, but then there's also a wariness because people don't think they can really ask these questions. You know, if you have a veteran client add you ask them have they ever experienced any kind of derogatory, discriminatory language to them in the workforce, chances are that you are going to hear some of that. Now, this is going to mean that helping the veteran understand how to adapt to this new environment, but

there's also a need to help the workforce understand how to appropriately address veterans. Another colleague of mine identified that a veteran told him one time, you know, they'll go watch American Sniper in the movies and cheer for Chris Kyle and Blackhawk Down and soldiers will be happy about what is going on on screen, but I'm at the local barbecue and talking to them about the same things, they start to walk away or, you know, they get fearful.

So the idea of supporting veterans as a homogenous group versus this particular veteran that has been in the cubicle next to me, I'm not sure about that.

So there is a push for employee resource groups in large corporations for veterans. As we talked about in the first webinar, it is a distinct culture. And so when we're talking about diversity and inclusion in the workforce, I personally believe we really need to consider including veterans in that diversity and inclusion and having veterans involved in the diversity and inclusion conversation.

Finally, under addictions, patients from treatment programs with supportive involved relationships were more likely to respond adapt Tivoli to internal states associated previously with substance use, develop constructive social relationships and achieve long-term treatment benefits. Healthy and supportive relationships can provide stability during recovery from substance use disorders, and really accessing treatment at all. I don't have the reference here, but I believe it was January of 2017 now. The National Academies had released a study of VA mental health, and they identified that a strong supportive relationship was a better determinant about whether the veteran would access treatment or remain in treatment if that veteran was not in a stable supportive relationship that supported their treatment seeking, then it was unlikely that they were going to do it in the first place or remain in it if they did.

Relapse during recovery can jeopardize or terminate relationships leading to increasing social isolation.

Relationships with other veterans and service members experiencing the same addictions can hinder prolonged recovery.

And then connecting with peers in recovery can be beneficial helping veterans understand that if they can do it, so can I.

And it's not necessarily connecting with other veterans who are in recovery but other individuals who may have diverse backgrounds who are also in recovery can help widen that aperture or that lens.

I mentioned Meaghan Mobbs before. She was the author of the article on transition stress. Again, I highly recommend that you take a look at the resources, the references that I provided. For the current generation of veterans we go all in during a period of emerging adulthood. When I was 18 or 19 years old, this is when we're establishing our adult identities, and I was a 19-year-old in Germany for three years. We were typically asking ourselves the existential questions "who am I, what do I want to do, what's the meaning of life," and the military provides a really ready answer for all of those things. You are a soldier. Do what you're told. The meaning of life is...

So the military provides those answers.

The military tells you you have a purpose. What you're doing is meaningful. You matter. It gives you all these concrete answers that are very appealing in a variety of ways and that become such a salient part of your identity. When you take that all away, how do you reconcile that discrepancy?

This was an article on her journal article on transition stress in the media platform Task and Purpose.

So I would like to pause now and provide an opportunity for more questions. We hit the mark a little bit about 15 minutes prior. So I'd like to go ahead and answer some questions if we could.

>> SAMSON TEKLEMARIAM: Thank you so much, Duane. Everyone, thank you for your questions. Keep them coming in the questions box, or some are sending them in the chat box. And I got one in email. So please try to send them in the questions box.

Also, as a reminder, in order to get access to the CE quiz, please make sure to view the entire webinar and listen for the password. This password is revealed in three separate sections throughout the webinar. Here I'll share with you the first part of your password. The third and final part is [REDACTED]. (for the hearing impaired please email ce@naadac.org for CE Quiz password assistance).

Again, the final part of your password is Saul one word, lowercase, and then the third final part that we're share right here in this moment is [REDACTED].

All right, so the first question we'll ask for Q&A is. Do you have a recommendation for research or reading on addiction treatment/family counseling for transitioning vets?

And Duane, I think you might be muted.

>> DUANE FRANCE: Thank you much. You are very accurate. Thank you, Samson.

Again, love the live webinar.

I appreciate the question. Off the top of my head, I don't know that I have any specific. I definitely will answer this. I will find some. I mentioned my colleague Joshua Krameyer. He's marriage and family therapist as well as licensed professional counselor and he conducts post graduate certificate in treating military and family, and so he had given me his reading list before, so I'll make sure to get that in the answers and show notes.

>> SAMSON TEKLEMARIAM: Thank you Duane. Thank you for the question.

For a vet who shares, like you mentioned earlier, that he feels like Dr. Doom, would that also be a client who feels like I can't help him because I'm a vet? And if so, how would you recommend that a counselor connects with a client and continue to provide help if he thinks there "s no way I understand him feeling like -- or her feeling like Dr. Doom?

>> DUANE FRANCE: This is a question that comes up quite often. You get veterans that avoid treatment because they say, well, only a combat veteran can give me, or only a combat veteran who served in Iraq can get me, or only a combat veteran who was infantryman in Mosul, Iraq... or these things that they will dial down and say, you know, you can't help me. But a veteran doesn't need a very good reason to avoid mental health treatment. Some of those are really indicators of I'm just unsure about this.

Some of it does require that the basic standards of rapport building. The challenge is that there are simply not enough individuals like myself or colleagues who served in the military who then became clinical mental health counselors in post-military life. There aren't enough to serve the needs, so there's a need to develop this cultural competence.

So I would say the standard rapport building. Why do you believe in this exploration of -- why do you believe I wouldn't be able to help you? One of the dangers is not to have the veteran themselves teach you about themselves. This will take a little bit of offline learning. It's actually one of the reasons why I developed the blog and the podcast and the books, was to be able to provide an avenue for clinicians to be able to learn about these things without having to rely on learning them from their clients. But it really is -- I often say that my military experience -- they walk in my office and it looks like a retired first sergeant's office with maps on the walls and helmets and all this other stuff. It's a shortcut to rapport building. I may get there quicker, but a skilled clinician can get there the same way. Not all veterans are going to have that. I have another veteran friend who went to a clinician who -- he went into her and he was a marine in Afghanistan. She said, I don't know if I can help you because I'm not a veteran. My friend said, I'm not here to talk to you about my veteran stuff. I'm here as a human to talk about human stuff. So you have some of this reaction, and so maybe that's something that I may not have the direct experience of this particular incident, but I have seen -- I've helped a number of clients resolve some of the similar issues, so how about we give it a chance for a little bit and see where it goes.

>> SAMSON TEKLEMARIAM: Thank you, Duane. Another question. In veteran culture, are there benefits for treatment that we need to be aware of that can help them with transition? What resources can and should we point them to to support their care, especially when it comes to them finding purpose and meaning through maybe career counseling, things like that?

>> DUANE FRANCE: And this is the thing. And we lovingly call it "the veterans space," but there is a large group of organizations, maybe some too many, that are trying to meet all of these different needs. Some are effective, some are less effective. I definitely -- there are some differences, I think, between some of the larger-the older veteran services organizations, things like Am Vets and the VFW and the American

Legion, and some of the newer veterans organizations, such as Team Rubicon, and the mission continues, Team Red White and Blue. The older organizations tend to give veterans what they need. So help them with their disability benefits, help give them a place to go to connect maybe with a peer group, supporting each other in, you know, food drives and things like that, so they satisfy veteran needs but other organizations give the veterans what they want. I want to go out and chop down trees or provide disaster relief or hurricane relief with Team Rubicon. I want to engage in physical fitness.

I would say in your community, it's highly likely, unless they're in a very rural community, but it is highly likely there are organizations that can address some of these different things. One of the things that I often do is I recommend that my clients go out and volunteer and find something to do. In Colorado there's all kinds of outdoor stuff to do. But I would say that it's very local. These are very community-based responses. There are some national organizations, but I would say not looking too far would provide a large number of resources for your clients.

>> SAMSON TEKLEMARIAM: We'll try to get in two more here. We have two more questions. Can you recommend research articles or websites where we can learn about steps to implement diversity and inclusion for veterans in the workplace?

I think you mentioned it briefly somewhere in the webinar, and someone was interested in learning more about that.

>> DUANE FRANCE: I think this is -- most organizations -- and off the top of my head, I'm familiar with USAA as an insurance organization, I've worked with them here in El Paso County, in Colorado Springs. Most organizations have employee resource groups. I know, for example, the veterans services guys at Lockheed Martin at Boeing, this is more of a, you know, here is fertile ground for future research. I'm not as familiar with how to implement some of these concepts as far as diversity inclusion in the workforce. Again, I think I may have some -- mostly I have some individuals who I know

are talking about this and the need to do this, but as far as research articles on how to implement, I would recommend reaching out to an organization in a comparable industry who may already have this and see how they have done it.

>> SAMSON TEKLEMARIAM: Excellent. Thanks. And the last one: Do most vets acknowledge the existence of transition stress as a standalone in the same way that it's accepted and normalized for PTSD in military culture?

>> DUANE FRANCE: In my experience, no. So it's one of those things -- I actually had, when -- this is specifically when I was talking about moral injury, I was leading a group and I was giving the group this concept of moral injury and this former sergeant first-class, E7 in the army, multiple combat tours, he looked up from the paper and looked at me with this angry face and shook the paper at me. He's like... where has this been!?

I was like, what are you talking. I didn't laugh.

He's like I feel like Benjamin Franklin. Electricity has been there the entire time but he just discovered it.

This is the first time, when I talk about these things, it's the first time it's brought to somebody's attention, and it's almost that kind of, when staring at one of those hidden puzzle pictures, you relax your eyes at the right time, the picture comes into focus and you're like "a-ha! "

So this is an emerging concept. My colleague Meaghan Mobbs is on the leading edge of developing this concept to address more of some of these challenges, but I wouldn't say... I would say that it's always there as if -- like our shadow is always there, but until we bring the veteran's attention to the shadow, they really don't recognize it. But I do

feel as though when we do bring these other aspects up, it really does open their minds up and say, wow, I hadn't considered that. And if we're sitting here focusing on PTSD all the time and we're ignoring the moral injury of how I meet my needs, we're aiming at the wrong target.

So, the answer is "no." I wish it would. And I think it will be eventually.. This is a different aspect. This is a different part of why not all veterans respond to all evidence-based treatments in the same way, because we may not be applying the right treatment to the right thing.

>> SAMSON TEKLEMARIAM: Thank you, Duane. So I lied, we'll get one more in.

And for those that do have questions, you'll get two more chances. So in the last few minutes of this as we close out the webinar, continue to send in your webinar questions. They will go to the presenter and he'll be able to answer them and we'll have them on a document shared on our website within a couple of weeks. You also have an opportunity through the survey to ask any questions to our webinar presenter. That survey will pop up at the end of the webinar when we close out. And then we'll ask this one final question.

How do you feel about veterans chapters on college campus?

>> DUANE FRANCE: I think that they are excellent resource. Actually, in this Q&A, I'm going to link to a podcast interview that I conducted with Jarod Lyon, who is the president of student veterans of America.

I think that they are very, very critical. Again, it's sort of the higher education aspect equivalent of employee resource groups. So it gives veterans a way to connect with other veterans. It provides support to maybe conduct some of those, how do I use my GI bill kind of stuff. When I got out and trying to figure it out, I am a college freshman or sophomore and trying to figure that out and I go to the veteran place. I think they're an

excellent resource. And more recently in my conversation with Jarod, he identifies the fact that he is now focusing more on mental health and wellness as an aspect of higher education because it is so critical and it's a foundation to success in military life. What I would suggest, if you are near a college campus and you do or can be affiliated with a veterans group, any kind of veterans club or group on a college campus, connect with them and talk to them about how mental health and wellness, not just, you know, employee involvement and, you know, networking and things like that, but really work with those organizations to identify how mental health and wellness and a positive mindset in post-military life can really actually enhance what they're trying to do. great question.

Thank you.

>> SAMSON TEKLEMARIAM: Thank you, Duane. And thank you, everyone, for those questions. Here are the references. You also will see them on the PowerPoint slides attached to our website and also on Duane's website. Just as a reminder, you can connect with Duane and get a tremendous amount of resources and his books on his website, www.VeteranMentalHealth.com. Thank you, Duane, for this valuable and necessary information. Also, again, to Duane and all of our other vets out there, please know that NAADAC genuinely appreciates your service. And congratulations to everyone here on this webinar. Both live and archived, you just completed Part 2 of the six-part Special Training Series on Addiction Treatment in Military and Veteran Culture. You are that much closer to completing your eligibility for our certificate of achievement for addiction treatment in military and veteran culture. This certificate is an excellent resource to add to your career portfolio and resume that will validate your education, your interests and studies in providing addiction treatment to this honored population.

So, please make sure to register for Part 3, mental health for military populations, where Duane will cover the core clinical competencies for treating service members, veterans and their families. That will be live Saturday, October 19, 2019, 12:00 noon to 1:30 p.m. Eastern Standard Time. Again, very similar to this webinar, registration is only \$25,

eligibility for the certificate of achievement and, of course, your access to the CE quiz and CE certificate upon successful completion of that quiz.

So we will see you all on October 19th. And as a reminder, for those who missed our earlier instructions, this webinar is approved for 1.5 continuing education hours and our website contains a full list of accepting boards and organizations to obtain your CE certificate for this course, please follow these steps. If you missed the CE quiz password, just wait until you have access to the recording. You should have it within less than an hour. It will be sent to you from GoToWebinar in an email and there will be a link at the bottom that says "watch recording." You can watch the recording and listen through in case you missed the password to get into the quiz.

Thank you to the NAADAC members for your continued partnership. And for those not yet members, please visit www.naadac.org/join and take a look at the benefits of becoming a member. When you join NAADAC you have access to over 145 CEs through our free educational webinars and receive our quarterly advances in addiction and recovery magazine where each article is eligible for CEs as well, not to mention our in-person seminars and annual conference, regional conferences, certificate programs and so much more. If you have interest in being a member, email NAADAC at NAADAC@Naadac.Org.

Duane, thank you for your expertise.

Please complete the survey. It will pop up as we close out. Or you can complete it in the email you received from GoToWebinar. I encourage you to take time to browse the website and learn how NAADAC helps others. Stay connected on LinkedIn and Facebook and Twitter.

Have a great day, everyone!

See you next time!