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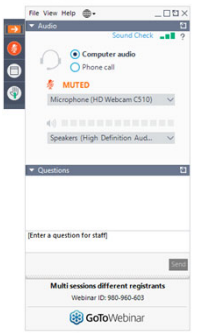
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Using GoToWebinar – (Live Participants Only)

- ❖ Control Panel
- ❖ Asking Questions
- ❖ Audio (phone preferred)
- ❖ Polling Questions



Multi sessions different registrants
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WEBINAR PRESENTER

- Duane K. L. France, MA, MBA, LPC
- www.veteranmentalhealth.com
- duane@veteranmentalhealth.com

Family Care Center, LLC




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WEBINAR LEARNING OBJECTIVES

- 1 Describe the different aspects of the psychological impact of military service
- 2 List at least three orientations or interventions addressing different domains of veteran mental health
- 3 Articulate how substance use disorders interact and influence the different domains

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POLLING QUESTION #1

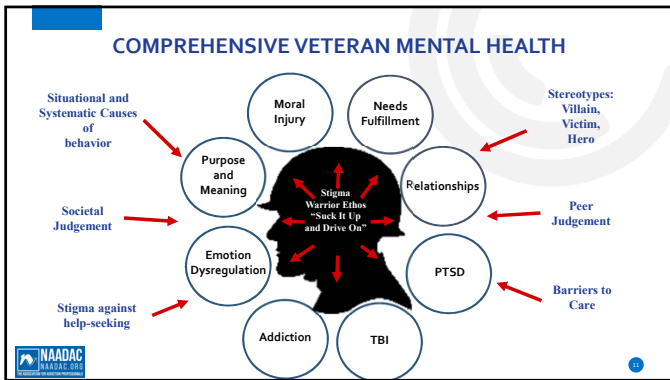


In addition to substance use disorders, the military affiliated population struggles most with:

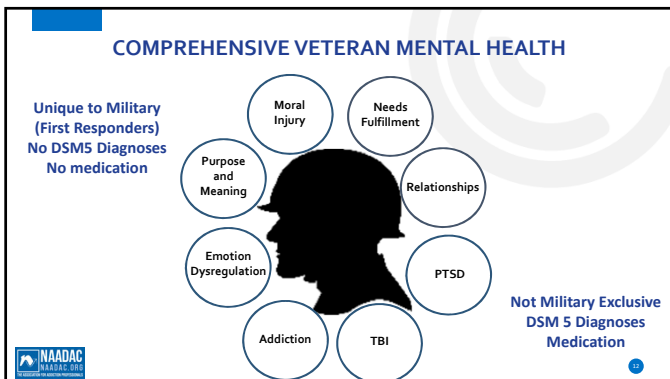
- A. Posttraumatic Stress Disorder
- B. Traumatic Brain Injury
- C. Emotional Dysregulation
- D. Lack of Purpose and Meaning
- E. Disrupted Relationships

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POLLING QUESTION #2



If a veteran is experiencing difficulty in one or more of these domains, they also likely have a substance use disorder:

- A. Strongly Agree
- B. Agree
- C. Neither Agree or Disagree
- D. Disagree
- E. Strongly Disagree





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POSTTRAUMATIC STRESS DISORDER

Posttraumatic Stress Disorder is a cognitive, behavioral, and neurological reaction of exposure to traumatic events. For an individual to be diagnosed with PTSD, the following criteria must be met:

- Exposed to death, actual or threatened serious injury, or actual or threatened sexual violence
- Intrusive symptoms
- Avoidance
- Negative alterations in thoughts and mood
- Arousal and reactivity
- Last longer than 1 month
- Creates impairment
- Not due to medications





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TRAUMATIC BRAIN INJURY

Traumatic Brain Injury is a physical injury to the brain that is the result of a blow or jolt to the head, an object penetrating the brain, or widespread injury across the brain.

- Different types: focal and diffuse
- Different severities: Mild, Moderate, Severe
- Symptoms can be cognitive, physical, behavioral
- PTSD Trauma and TBI Trauma can be the same
- Closely mimics PTSD, with the exception of nightmares and intrusiveness



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ADDICTION

Up to 75 percent of veterans with a history of PTSD in their lifetime met criteria for substance abuse or dependence (Kulka et al., 1990)

- Normalization (glorification?) of drinking culture in the military
- Chronic pain resulting from constant physical stress and injuries
- Opioid dependence due to access to prescription pain relief while in the military
- Process addictions

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EMOTION DYSREGULATION

While many veterans are resilient and adaptive, often the constant barrage of negative experiences can wear down even the most hardy of service members.

- Anger, Anxiety, Depression
- Not adjusting from protective behavior while deployed or in the military to maladaptive behavior when in different environments
- Lack of ability to achieve desired goals through individual effort
- Toxic leadership and unavoidable aversive stimuli while in the military leads to assumption of helplessness after the military

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PURPOSE AND MEANING

Many veterans with PTSD live with profound doubts about the meaning of a life dominated by suffering, guilt, and death. This loss of meaning and purpose has pronounced effects on all areas of psychosocial functioning (Southwick, Et. Al, 2006).

- In the military, service members were part of something larger than themselves
- Loss of camaraderie and mutual connection can lead to disengagement
- Confusion and anger about the loss of purpose and meaning is not explained by PTSD and TBI

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MORAL INJURY

Moral Injury can be defined as "Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations." (Litz, et al., 2009)

- In the military, service members were part of something larger than themselves
- Loss of camaraderie and mutual connection can lead to disengagement
- Confusion and anger about the loss of purpose and meaning is not explained by PTSD and TBI

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NEEDS FULFILLMENT

Once a veteran has developed a sense of achievement and mastery in the military, they then have to pivot to developing mastery in an entirely different arena.

- Learning how to fulfill needs in new ways, rather than changing the needs being met
- The "shadow side" of Maslow's Hierarchy: meeting needs in socially unacceptable ways, such as using force and aggression to meet safety and aesthetic needs

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RELATIONSHIPS


When military parents fulfill occupational duties during wartime, children and families face multiple challenges, including extended separations, disruptions in family routines, and potentially compromised parenting related to traumatic exposure and subsequent mental health problems (Paley, Lester, & Mogil, 2013).

- Disrupted relationships
- Cross-generational combat operations
- Multiple deployments compounding impact on family
- Domestic Violence

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POLLING QUESTION #3



There is a single intervention that is best at addressing all or most of the aspects of comprehensive SMVF mental health

- A. Strongly Agree
- B. Agree
- C. Neither Agree or Disagree
- D. Disagree
- E. Strongly Disagree





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POSTTRAUMATIC STRESS DISORDER INTERVENTIONS

- Cognitive Processing Therapy
- Prolonged Exposure
- Cognitive Behavioral Therapy





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TRAUMATIC BRAIN INJURY INTERVENTIONS

- Treating co-morbid psychological disorders: TBI
- Medical interventions: Pain management
- Physical interventions: Balance, Physical rehabilitation
- Cognitive restructuring: Neurofeedback, biofeedback, speech-language pathology



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ADDICTION INTERVENTIONS

- Contingency Management
- Motivational Interviewing
- Cognitive Behavioral Therapy
- Relapse Prevention

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EMOTION DYSREGULATION INTERVENTIONS

- Cognitive Behavioral Therapy
- Dialectical Behavior Therapy
- Learned Helplessness (Toxic leadership, unavoidable aversive situations)

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PURPOSE AND MEANING INTERVENTIONS

- Existentialism: Rollo May, Irvin Yalom, Viktor Frankl
- "Veterans appeared to be particularly attracted to complementary health approaches because these therapies addressed spiritual issues and questions of meaning not inherent in conventional medical approaches" (Schuman, 2016)

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MORAL INJURY INTERVENTIONS

- Adaptive Disclosure
- Prolonged Exposure
- Acceptance and Commitment Therapy

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NEEDS FULFILLMENT INTERVENTIONS

- Maslow's Hierarchy of Needs
- Community-based intervention: Homelessness, employment
- Connectedness: peer groups
- Acceptance and Commitment Therapy

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INTERPERSONAL RELATIONSHIP INTERVENTIONS

- Inter-generational and Intra-generational
- Family systems theory
- Marriage and Family Therapy
- Dialectical Behavior Therapy (Interpersonal Relationships)

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POLLING QUESTION #4



Comorbid substance use disorders are an exacerbating factor of the other aspects of comprehensive SMVF mental health

- A. Strongly Agree
- B. Agree
- C. Neither Agree or Disagree
- D. Disagree
- E. Strongly Disagree


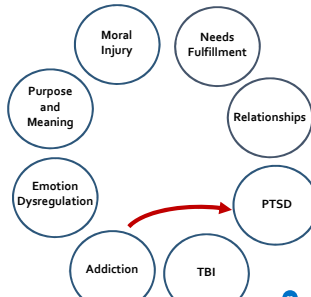


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ADDICTION AND PTSD

- Increase avoidance of traumatic memories
- Impact vivid reexperiencing
- Alterations in mood and cognitions impacted by substance use


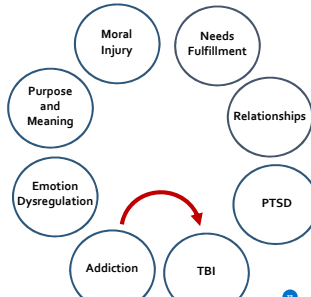
Individuals with co-occurring PTSD and substance use may be using substances in an attempt to forget or block out trauma related recollections...several substances including alcohol have been found to impair cognitive capacities such as memory and thus may serve as a viable means of suppression (Walton, Et al., 2018).



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ADDICTION AND TRAUMATIC BRAIN INJURY

- Increased risk for self-inflicted death.
- TBI and associated psychiatric and substance use disorders are 21 times more likely to attempt suicide (Brenner, Homaifar, Adler, Wolfman, & Kemp, 2009)



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ADDICTION AND EMOTIONAL DYSREGULATION

- Lack of awareness, understanding, and acceptance of emotions
- Difficulties controlling behaviors when experiencing emotional distress
- Lack of access to adaptive strategies for modulating the duration and/or intensity of aversive emotional experiences
- An unwillingness to experience emotional distress as part of pursuing meaningful activities in life

“Overall emotion dysregulation...fully mediated the relation between negative affect and urges to engage in risky behaviors, whereas lack of emotional awareness partially mediated this association” (Weiss, Williams, & Connolly, 2015)

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ADDICTION AND PURPOSE AND MEANING

- Addiction may become a purpose substitute, satisfying the need for purpose and meaning in an unsatisfied life (Keshen, 2006)
- Substance Abuse
- Pathologic Gambling
- Overeating
- Pathologic Shopping

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ADDICTION AND MORAL INJURY

- According to Carmona-Perera Et al. (2012), Substance use indicates
- defective decoding of moral emotions like anger or disgust
- reduced reactivity to emotionally competent stimuli
- poor affective-based decision making

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ADDICTION AND NEEDS FULFILLMENT

- Rates of medical, psychiatric, and substance disorders are substantial among homeless people (Bakhtiar Et al., 1995)
- The unemployed are more likely to consume excessive amounts of alcohol, and to use illicit and prescription drugs. They are more likely to smoke and develop dependence on alcohol and illicit drugs (Henkel, 2011).
- difficulties in achieving positive lasting social relationships because of ongoing struggles with substance abuse recovery (Padgett, Henwood, Abrans, & Drake, 2008)

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ADDICTION AND RELATIONSHIPS

- High levels of PTSD severity combined with substance use / abuse indicated higher levels of nonphysical aggression (Hellmuth, 2012)
- Alcohol use likely exacerbates PTSD symptoms, such as difficulty tolerating and regulating strong negative emotions and heightened sense of threat perception (Steppenbeck, Hellmuth, Simpson, & Jakupcak, 2014)
- Aggression is directly related to PTSD re-experiencing symptoms and alcohol misuse

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THERE IS A MYTH THAT VETERANS ARE BROKEN. THAT WAR HAS SOMEHOW DESTROYED THE MIND, BODY, AND SOUL. THE IDEA THAT WE AS VETERANS ARE DYSFUNCTIONAL AND CANNOT REINTEGRATE BACK INTO SOCIETY IS ABSOLUTE GARBAGE. MANY OF US DO IT TO OURSELVES, THOUGH NOT ON PURPOSE. SOCIETY HAS THIS STIGMA ABOUT WARRIORS, THAT WHAT WE DO SOMEHOW RIPS APART OUR HUMANITY AND DAMAGES US BEYOND REPAIR. SOME WILL STATE THE SUICIDE EPIDEMIC THAT PLAGUES THE VETERAN COMMUNITY AS EVIDENCE THAT WE ARE BROKEN. WE RESPECTFULLY DISAGREE, IT IS, BUT A SYMPTOM.

- JOHN FANNIN, AMERICAN GRIT

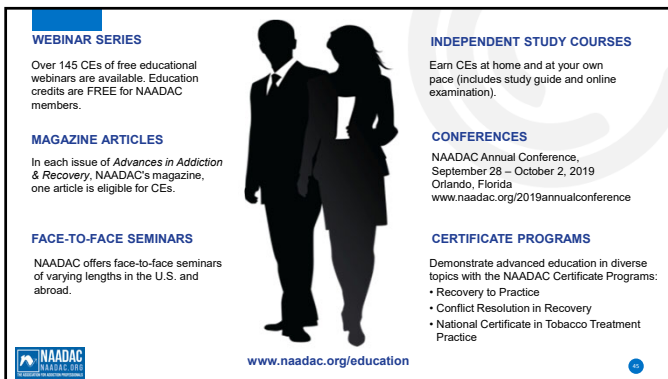
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NAADAC
44 Canal Center Plaza, Suite 301
Alexandria, VA 22314
phone: 703.741.7686 / 800.548.0497
fax: 703.741.7698 / 800.377.1136
naadac@naadac.org
www.naadac.org

NAADAC
NAADAC.ORG
THE ASSOCIATION FOR ADDICTION PROFESSIONALS

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