



1



2



3



4



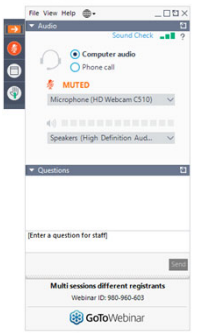
5



6

Using GoToWebinar – (Live Participants Only)

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



Multi sessions different registrants
Webinar ID: 940-960-653
GoToWebinar

7

WEBINAR PRESENTER

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

Family Care Center, LLC



8

WEBINAR LEARNING OBJECTIVES

- 1 Describe the concept of Transition Stress and how it applies to veterans leaving the military
- 2 Articulate the psychological impacts of military service beyond the standard psychological domains
- 3 Identify how purpose and meaning, moral injury, needs fulfillment, and relationships relate to addiction

9

COMPREHENSIVE VETERAN MENTAL HEALTH (REVIEW)

www.veteranmentalhealth.com/naadac2

10

TRANSITION STRESS

A range of psychological impacts of military that focuses beyond PTSD, Emotional Dysregulation, and TBI, which include a wider range of challenges, rewards, successes, and failures that transitioning Veterans might experience (Mobbs & Bonnano, 2018)

Loss of Identity	Traumatic Loss	Basic Needs	Immediate Family
Meaning Making	Self Directed	Psychological Needs	Peer Relationships
Purposeful Action	Other Directed	Self Fulfillment Needs	Professional Relationships

www.veteranmentalhealth.com/naadac2

11

POLLING QUESTION #1

Current military transition programs assist service members and their families to transition psychologically to a post-military mindset

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

12



PURPOSE AND MEANING: OVERVIEW

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).

- Loss of Identity in Post Military Life: Lack of support for assimilation to non-military culture when leaving the military
- Meaning Making in Post Military Life: Finding something that provides as much personal satisfaction as military service
- Finding Purpose in Post Military Life: Engaging in activities that provide a sense of purpose comparable to that of military service

Purpose and Meaning

www.veteranmentalhealth.com/naadac2

13



PURPOSE AND MEANING: LOSS OF IDENTITY

Service members undergo significant identity transformation when they join the military in order to assimilate to military culture. This assimilation is structured and deliberate (Smith & True, 2014). When a service member leaves the military, however, no structured or deliberate identity transformation is similarly performed.

- Transitioning from a collective culture to a loosely connected culture
- Leaving a mutually supportive and integrated environment to an autonomous environment
- Leaving a dichotomous structure (enemy / ally, superior / subordinate) for a more variable and less defined post-military environment

Purpose and Meaning

www.veteranmentalhealth.com/naadac2

14



PURPOSE AND MEANING: MEANING MAKING

Global meaning refers to a person's fundamental beliefs/values, goals, and subjective sense of purpose—all of which function together to infuse life with security and significance (Currier, Holland, & Malott, 2015). Meaning is a construct that we apply to internal motivation that satisfies us.

- Service in the military was personally satisfying and based on core values (loyalty, honor, sacrifice, etc)
- Opportunities for meaningful activities in post-military life are significantly different
- A lack of personally satisfying activities in post-military life can lead to disaffection and hopelessness

Purpose and Meaning

www.veteranmentalhealth.com/naadac2

15

PURPOSE AND MEANING: 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 are "still able to do something" (Brenner, et al., 2009). Purpose is a construct that is applied to external effort that satisfies us.

- Service in the military provided a sense of tangible accomplishment with feedback, correction and encouragement
- Activities that provide both purpose (a task to be accomplished) and meaning (a task that satisfies) are not easily found in post-military life
- Each can be satisfied separately

Purpose and Meaning

www.veteranmentalhealth.com/naadac2

16

PURPOSE AND MEANING: ADDICTION

Quality of Life is poorer among substance-dependent individuals and substance use disorder treatment seekers than among cohorts without substance use disorders. This finding is consistent across comparisons with clinical and nonclinical cohorts, primary care patients, groups with chronic physical or mental health conditions, and healthy nonabusers (Laudet, 2011).


- A lack of purpose and meaning in post-military life can result in hopelessness for a meaningful future
- A sense of hopelessness and despair for a quality of life comparable to that of the military can cause veterans to turn to substance use to "fill the hole"
- Especially pertinent for veterans whose military service ended prematurely due to medical reasons or behavioral discharge

Purpose and Meaning

www.veteranmentalhealth.com/naadac2

17

POLLING QUESTION #2



Service members have a strong value system that allows them to rationalize a wide range of necessary behaviors


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

18

MORAL INJURY: OVERVIEW



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)

- Traumatic Loss: Feelings of loss and guilt related to loss of a valued team member
- Self-Directed Moral Injury: Sense of guilt and shame related to the service member's own actions
- Other Directed Moral Injury: Sense of anger and betrayal related to the actions of others that impacted the service member



Moral Injury

www.veteranmentalhealth.com/naadac2





19

MORAL INJURY: TRAUMATIC LOSS



"Complicated or prolonged grief reactions stemming from traumatic losses share...features with PTSD, but have been shown to be distinct in a number of ways that have important implications for treatment." (Gray, et al., 2009). Survivor's Guilt is a response to traumatic loss distinct from PTSD

- A sense of shame and guilt can accompany traumatic loss, i.e. "it should have been me"
- Emotionally charged memories related to traumatic loss can impact cognitions and emotions in post-military life
- Holiday remembrances (Memorial Day / Veterans Day) or Anniversary Reactions can extend feelings of traumatic loss



Moral Injury

www.veteranmentalhealth.com/naadac2





20

MORAL INJURY: SELF-DIRECTED



Self-Directed Moral Injury is guilt and shame about the betrayal of personal moral standards by the service member or veteran (Farnsworth, et al., 2014). Self-directed moral injury can result in self-loathing, blame, and feelings of unworthiness to engage with others in post-military life.

- Can cause veterans to describe themselves as "monsters" or "villains"
- Could result in social isolation in order to protect others from perceived danger, in order to "protect others from myself"
- Not only due to service member's own acts, but inability or inaction to stop others from acting: "I did nothing to stop it"



Moral Injury

www.veteranmentalhealth.com/naadac2

21


MORAL INJURY: OTHER-DIRECTED

Other-directed Moral Injury is anger related to the emotions regarding the behavior of others (Currier, et al., 2014). Other-directed moral injury can be expressed by moral disgust regarding the actions of others, perceived wrongdoing, or anger and actual or perceived betrayal.

- Is sometimes directed at an institution or group (i.e. the Army, the Headquarters personnel)
- Is sometimes directed and an individual and related to specific acts
- Can result in mistrust of other people, authority figures, and/or social contracts or institutions.

Moral Injury

www.veteranmentalhealth.com/naadac2



22


MORAL INJURY: ADDICTION

Veterans diagnosed substance use disorders often experience shame and guilt related to their substance use, which have been associated with poorer recovery (Stuewig & Trangney, 2007). Shame, guilt and a sense of betrayal are specific maladaptive emotions related to Moral Injury, which could be exacerbated by substance use and addiction.

- Self-medicating in order to alleviate painful emotions related to traumatic loss or betrayal by self or others
- Can be exacerbated by memorializing or celebrating the life of those lost
- Requires determination of whether guilt and shame are related to substance use, moral injury, or both

Moral Injury

www.veteranmentalhealth.com/naadac2



23

Q&A




www.veteranmentalhealth.com/naadac2



24

POLLING QUESTION #3



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

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

NAADAC logo and slide number 25 are visible at the bottom.

25

NEEDS FULFILLMENT: OVERVIEW

After leaving the military, the service member must reintegrate into their community through readjustment in a number of areas, to include meeting needs in several domains: purpose, relationships, meaningful work, and needs fulfillment. It is important to consider Maslow's Hierarchy of Needs and how it applies to veterans.

- Basic Needs: Physiological and Safety needs
- Psychological Needs: Belongingness and Esteem Needs
- Self Fulfillment Needs: Self Actualization and Replication



www.veteranmentalhealth.com/naadac2

NAADAC logo and slide number 26 are visible at the bottom.

26

NEEDS FULFILLMENT: BASIC NEEDS

Social and Behavioral Determinants of Health are powerful drivers of morbidity, mortality, and future well-being (Hatef et al., 2019). 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

- Basic needs provided for while in the military, but must be met in new ways in post-military life
- Inability to address psychological wellness if focused on meeting basic needs
- Basic disability compensation might satisfy or remove the imperative of basic needs, but does little more to satisfy other needs



www.veteranmentalhealth.com/naadac2

NAADAC logo and slide number 27 are visible at the bottom.

27


NEEDS FULFILLMENT: 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" (Shirazipour, Latimer-Cheung, & Aiken, 2019). Connecting to others and re-establishing mastery in new domains is critical for veterans.

- Belongness and a sense of community is critical to military culture
- Uncertainty of how to establish new relationships could lead to isolation
- Service members have developed mastery and competence in a certain skillset and must adapt or develop mastery and competence in a different environment

Needs Fulfillment

www.veteranmentalhealth.com/naadac2



28


NEEDS FULFILLMENT: SELF FULFILLMENT NEEDS

There is a need for consideration of the holistic needs of veterans, to include physical, social, self-fulfillment, and self worth needs (Kyle, 2018). Closely tied to meaning and purpose in post-military life, the goal of sustained effort towards self-actualization and replication (mentorship) is familiar to veterans.

- Service members are familiar with collective effort towards a measurable goal
- Personal and professional development provided by the military must be replaced in post-military life
- Opportunities for community involvement and service can provide satisfaction

Needs Fulfillment

www.veteranmentalhealth.com/naadac2



29


NEEDS FULFILLMENT: ADDICTION

In a study of Vietnam Veterans with opioid use disorder, Robbins (1993) identified that veterans "who appear for treatment have special problems that will not be solved just by getting them off drugs" (pg. 1051). These include lack of stable housing and employment, social isolation, and inability to achieve self fulfillment

- Substance use among unhoused and unemployed veterans is significant
- Relapses during recovery often jeopardizes basic, psychological, and self fulfillment needs
- Addressing substance use disorders only will not address the veteran's inability to meet their needs, but lack of treatment bay create more barriers to achieving those needs


Needs Fulfillment

www.veteranmentalhealth.com/naadac2



30

POLLING QUESTION #4



Many veterans experience social isolation in their post-military life

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

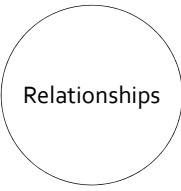
NAADAC logo and slide number 11

31

RELATIONSHIPS: OVERVIEW

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 post-military life.

- Immediate Family: Spouse and children, as well as close extended family of parents and siblings
- Peer Relationships: Social relationships among military and non-military peers
- Professional Relationships: Engagement in the workplace with colleagues, supervisors, and subordinates



www.veteranmentalhealth.com/naadac2

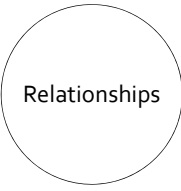
NAADAC logo and slide number 12

32

RELATIONSHIPS: IMMEDIATE FAMILY

Veterans with indicators of lower income consistently report lower levels of social support and family functioning and have more difficulty with community reintegration (Pugh et al., 2018). Departing the military or returning from combat impacts the veteran's relationships, even more so if the veteran is catastrophically wounded, ill, or injured.

- Romantic relationships often need to adapt to changes due to military service
- Parenting children is difficult when the service member was on a repeated deployment cycle
- Immediate family with less frequent contact (parents, siblings) will see changes more starkly and more likely comment on them than the veteran's nuclear family



www.veteranmentalhealth.com/naadac2

NAADAC logo and slide number 13

33



RELATIONSHIPS: PEER RELATIONSHIPS

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 (Sippel, et al, 2015). Establishing non-military and non-romantic peer relationships in post military life is important for a successful transition.

- Sustaining friendship with those the veteran served with while developing non-military peer relationships
- Engaging others with similar interests but with diverse backgrounds
- A lack of trust or misunderstanding can lead to social isolation or adherence to a homogenous peer group

Relationships

www.veteranmentalhealth.com/naadac2

34


RELATIONSHIPS: PROFESSIONAL RELATIONSHIPS

A review of career transition of post 9/11 veterans with service connected disabilities identified four themes of how employment is portrayed or described: barriers due to mental health issues, challenges associated with career-related identity, workplace stereotype and stigma, and benefits, ratings and unemployment (Stern, 2017). Similar to re-establishing peer relationships, it can be challenging for veterans to adapt to a new workforce environment

- Veterans described as "intimidating" or "intense" by their co-workers
- Misunderstanding and mistrust of peers and superiors as unable to relate
- Stigma about and a lack of awareness about military service could lead coworkers to distance themselves from veterans in the workforce

Relationships

www.veteranmentalhealth.com/naadac2




35



RELATIONSHIPS: ADDICTION

"Patients from treatment programs with supportive, involved relationships were more likely to respond adaptively to internal states associated previously with substance use, develop constructive social relationships and achieve long-term treatment benefits" (Gifford & Humphreys, 2007). Healthy and supportive relationships can provide stability during recovery from substance use disorders.


- 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
- Connecting with peers in recovery can be beneficial, helping veterans understand that "if they can do it, so can I"

Relationships

www.veteranmentalhealth.com/naadac2

36






"FOR [THE CURRENT] GENERATION OF VETERANS...WE ALL GO IN DURING A PERIOD OF EMERGING ADULTHOOD. WE'RE TYPICALLY ASKING OURSELVES THE EXISTENTIAL QUESTION: WHO AM I? WHAT DO I WANT TO DO? WHAT'S THE MEANING OF LIFE? AND THE MILITARY PROVIDES A REALLY READY ANSWER FOR THAT: THEY TELL YOU: YOU HAVE PURPOSE. WHAT YOU'RE DOING IS MEANINGFUL. YOU MATTER. [THE MILITARY] GIVES YOU ALL OF THESE REALLY CONCRETE ANSWERS THAT ARE VERY APPEALING IN A VARIETY OF WAYS, AND THAT BECOMES SUCH A SALIENT PART OF YOUR IDENTITY. AND THEN WHEN YOU TAKE THAT ALL AWAY, HOW DO YOU RECONCILE THAT DISCREPANCY?"

- MEAGHAN MOBBS,
TASK AND PURPOSE

37



Q&A

38

REFERENCES


- Brenner, L. A., Homafar, B. Y., Adler, L. E., Wolfman, J. H., & Kemp, J. (2009). Suicidality and veterans with a history of traumatic brain injury: Precipitating events, protective factors, and prevention strategies. *Rehabilitation Psychology, 54*(4), 350.
- Currier, J. M., Farnsworth, J. K., Drescher, K. D., McDermott, R. C., Sims, B. M., & Albright, D. L. (2018). Development and evaluation of the Expressions of Moral Injury Scale—Military Version. *Clinical psychology & psychotherapy, 25*(3), 474-488.
- Currier, J. M., Holland, J. M., & Malott, J. (2015). Moral injury, meaning making, and mental health in returning veterans. *Journal of clinical psychology, 71*(3), 229-240.
- Smith, R. T., & True, G. (2014). Warring identities: Identity conflict and the mental distress of American veterans of the wars in Iraq and Afghanistan. *Society and mental health, 4*(2), 147-161.
- Farnsworth, J. K., Drescher, K. D., Nieuwsma, J. A., Walsler, R. B., & Currier, J. M. (2014). The role of moral emotions in military trauma: Implications for the study and treatment of moral injury. *Review of General Psychology, 18*(4), 249-262.
- Gifford, E., & Humphreys, K. (2007). The psychological science of addiction. *Addiction, 102*(3), 352-361.
- Gray, M. J., Schorr, Y., Nash, W., Lebowitz, L., Amidon, A., Lansing, A., ... & Litz, B. T. (2012). Adaptive disclosure: An open trial of a novel exposure-based intervention for service members with combat-related psychological stress injuries. *Behavior Therapy, 43*(2), 407-415.
- Hataf, E., Predmore, Z., Lasser, E. C., Kharrazi, H., Nelson, K., Curtis, L., ... & Weiner, J. P. (2019). Integrating social and behavioral determinants of health into patient care and population health at Veterans Health Administration: a conceptual framework and an assessment of available individual and population level data sources and evidence-based measurements.
- Kyle, C. A. (2018). *The Formation of Cultural Capital using Symbolic Military Meanings of Objects and Self in an Adult Agricultural Education Program serving Military Veterans*(Doctoral dissertation, Virginia Tech).
- Laudet, A. B. (2011). The case for considering quality of life in addiction research and clinical practice. *Addiction science & clinical practice, 6*(1), 44.
- Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical psychology review, 29*(8), 695-706.
- Mobbs, M. C., & Bonanno, G. A. (2018). Beyond war and PTSD: The crucial role of transition stress in the lives of military veterans. *Clinical psychology review, 50*, 137-144.

39

REFERENCES

- Pugh, M. J., Swan, A. A., Carlson, K. F., Jaramillo, C. A., Eapen, B. C., Dillahun-Aspillaga, C., ... & Grafman, J. H. (2018). Traumatic brain injury severity, comorbidity, social support, family functioning, and community reintegration among Veterans of the Afghanistan and Iraq wars. *Archives of physical medicine and rehabilitation*, 99(2), 540-549.
- Robins, L. N. (1993). Vietnam veterans' rapid recovery from heroin addiction: A fluke or normal expectation?. *Addiction*, 88(8), 1041-1054.
- Shirazipour, C. H., Latimer-Cheung, A. E., & Aiken, A. B. (2019). Quality physical activity experiences for military Veterans with a physical disability: Exploring the relationship among program conditions, elements, and outcomes. *Journal of Military, Veteran and Family Health*, 5(1), 80-92.
- Sippel, L., Pietrzak, R., Charney, D., Mayes, L., & Southwick, S. (2015). How does social support enhance resilience in the trauma-exposed individual?. *Ecology and Society*, 20(4).
- Southwick, S. M., Gilmartin, R., McDonough, P., & Morrissey, P. (2006). Logotherapy as an adjunctive treatment for chronic combat-related PTSD: A meaning-based intervention. *American Journal of Psychotherapy*, 60(2), 161.
- Stern, L. (2017). Post 9/11 veterans with service-connected disabilities and their transition to the civilian workforce: A review of the literature. *Advances in Developing Human Resources*, 19(1), 66-77.
- Stuewig, J., & Tangney, J. P. (2007). Shame and guilt in antisocial and risky behaviors. *The self-conscious emotions: Theory and research*, 371-388.
- Thomas, V. J., & Bowie, S. L. (2016). Sense of community: is it a protective factor for military veterans?. *Journal of social service research*, 42(3), 313-331.



40



THANK YOU!

✉ DUANE@VETERANMENTALHEALTH.COM
 🌐 WWW.VETERANMENTALHEALTH.COM



41

CE CERTIFICATE

CE HOURS AVAILABLE:
1.5 CE

REGISTRATION TO ATTEND:
\$25

CE CERTIFICATE INCLUDED

To obtain a CE Certificate for the time you spent watching this webinar:

1. Watch and listen to this entire webinar.
2. Pass the online CE quiz, which is posted at: www.naadac.org/supporting-those-who-served-webinar
3. Maintain records of your invoice/receipt of payment and any CE certificate received from this series.
4. Email CE@naadac.org if you experience any difficulty with this process.



42

NAADAC
NAADAC.ORG
THE ASSOCIATION FOR ADDICTION PROFESSIONALS

Education Resources Certification Membership Advocacy Conferences & Events

Addiction Treatment in Military & Veteran Culture Specialty Training Webinar Series

<p>Addiction Treatment in Military & Veteran Culture Part One: Supporting Those Who Served – Substance Use and Comprehensive Mental Health for Military Affiliated Populations</p> <ul style="list-style-type: none"> • Saturday, August 24, 2019 @ 12:00-1:30pm ET (11 CT/10 MT/9 PT) • Earn 1.5 CEs • More Information • Register Now 	<p>Addiction Treatment in Military & Veteran Culture Part Four: Beyond Basic Military Awareness – Cultural Competence in Working with Military Affiliated Populations</p> <ul style="list-style-type: none"> • Saturday, October 26, 2019 @ 12:00-1:30pm ET (11 CT/10 MT/9 PT) • Earn 1.5 CEs • More Information • Register Now
<p>Addiction Treatment in Military & Veteran Culture Part Two: Supporting Life After Service – Addiction and Transition to Post-Military Life</p> <ul style="list-style-type: none"> • Saturday, August 31, 2019 @ 12:00-1:30pm ET (11 CT/10 MT/9 PT) • Earn 1.5 CEs • More Information • Register Now 	<p>Addiction Treatment in Military & Veteran Culture Part Five: Identifying Presenting Concerns – Assessment Competencies for Service Members, Veterans, and Their Families</p> <ul style="list-style-type: none"> • Saturday, November 30, 2019 @ 12:00-1:30pm ET (11 CT/10 MT/9 PT) • Earn 1.5 CEs • More Information • Register Now
<p>Addiction Treatment in Military & Veteran Culture Part Three: Mental Health for Military Populations – Core Clinical Competencies for Treating Service Members, Veterans, and Their Families</p> <ul style="list-style-type: none"> • Saturday, October 19, 2019 @ 12:00-1:30pm ET (11 CT/10 MT/9 PT) • Earn 1.5 CEs • More Information • Register Now 	<p>Addiction Treatment in Military & Veteran Culture Part Six: Using What Works – A Review of Evidence Based Treatments for Military Populations</p> <ul style="list-style-type: none"> • Saturday, December 7, 2019 @ 12:00-1:30pm ET (11 CT/10 MT/9 PT) • Earn 1.5 CEs • More Information • Register Now

43

WEBINAR SERIES
Over 145 CEs of free educational webinars are available. Education credits are FREE for NAADAC members.

MAGAZINE ARTICLES
In each issue of *Advances in Addiction & Recovery*, NAADAC's magazine, one article is eligible for CEs.

FACE-TO-FACE SEMINARS
NAADAC offers face-to-face seminars of varying lengths in the U.S. and abroad.

INDEPENDENT STUDY COURSES
Earn CEs at home and at your own pace (includes study guide and online examination).

CONFERENCES
NAADAC Annual Conference, September 28 – October 2, 2019
Orlando, Florida
www.naadac.org/2019annualconference

CERTIFICATE PROGRAMS
Demonstrate advanced education in diverse topics with the NAADAC Certificate Programs:
• Recovery to Practice
• Conflict Resolution in Recovery
• National Certificate in Tobacco Treatment Practice

www.naadac.org/education

44

Thank you for joining!

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

NAADACorg
 Naadac
 NAADAC

45
