

**Our Movement. Our Moment.**

**#NAMICON19**



**2019 NAMI  
National  
Convention**  
JUNE 19–22 • SEATTLE

# Welcome to 2019 NAMI National Convention

**Workshop Panel: The Military Culture-Checking  
Your Cultural Competence**



# Who We Are

## Moderator:

Brenda LaVar, Ph.D. – Provider

## Panel Members:

- Margaret Gallagher, Ph.D., RN (retired)
- Holly Provance Doggett, MSML – Veteran Partner
- Ovi Rivera, MSIS - OIF & OEF Veteran



## Who YOU Are

What is your connection to mental health?

- Provider of mental health services
- Family member of friend of a person living with a mental health condition
- A person with experience living with a mental health condition
- None of the above



## Who YOU Are

Is your experience with the military culture:

- The family member or close friend of an active duty service member
- Currently serving as active duty in the military or guard unit
- The family member or close friend of an military veteran
- A veteran who served in one of the five branches of the military or guard
- None of the above



# Cultural Competency

We must understand:

- The military language (lingo)
- Military structure
- Why they join
- Their commitment to mission
- The role of honor and sacrifice





# War - By the Numbers

## The Aftermath of 10 Years of War (2013)

- ✓ DoD = 3.6 million individuals
  - ✓ 42,000 Coast Guard
  - ✓ 1.1 million Ready Reserve
    - ✓ 21,000 Retired Reserve
    - ✓ 21,000 Standby Reserve
  - ✓ 921,000 Civilian Personnel
  - ✓ 1.4 million Active Duty Military
    - ✓ 40% Army/23% Navy/23% Air Force/14% Marines
- ✓ 1.4 million Service Members + 726,000 Spouses + 1.4 million Children (77% <12)



# Hidden Heroes: America's Military Caregivers

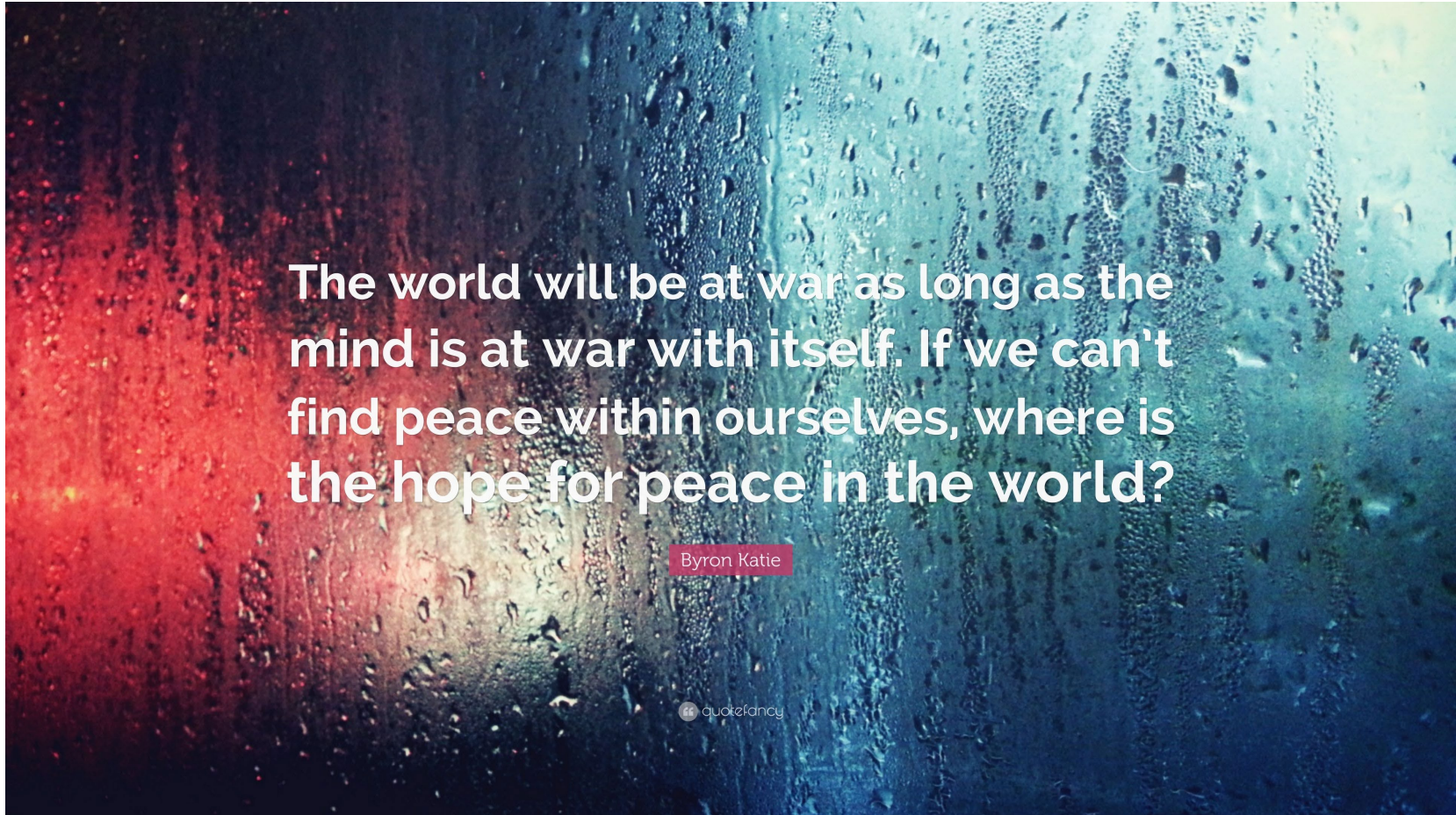
## In the United States today:

- There are an estimated 5.5 million military caregivers
- Nearly 20% (1.1 million) are caring for someone who served after the terrorist attacks of September 11, 2001
- Post-9/11 military caregivers are:
  - Younger (40% are between ages 18 and 30)
  - Caring for an individual with a mental health or substance use condition
  - Nonwhite
  - A Veteran of military service
  - Employed
  - Not connected to a support network

[http://www.rand.org/pubs/research\\_reports/RR499.html](http://www.rand.org/pubs/research_reports/RR499.html)



# The REAL Cost



The world will be at war as long as the mind is at war with itself. If we can't find peace within ourselves, where is the hope for peace in the world?

Byron Katie

quote fancy





# Joining Forces Initiative

The initiative Joining Forces was launched in 2011 to help to bridge the gap between civilian health care providers, specifically behavioral health providers, and individuals with military backgrounds needing care.



<https://obamawhitehouse.archives.gov/joiningforces>



# DOD-Military Health System

Its primary mission is to maintain the health of military personnel, so they can carry out their military missions.

- Deliver health care during wartime.
- Maintain a medical readiness mission,
  - Medical testing & screening of recruits
  - Emergency medical treatment of troops involved in hostilities
  - Maintenance of physical standards of those in the armed services.
- Where space is available, to dependents of active duty service members, to retirees and their dependents, and to some former spouses.





# The Veterans Health Administration

America's largest integrated health care system.

- Providing care at
  - 1,250 health care facilities
  - 172 medical centers
  - 1,069 outpatient sites of care of varying capacity
- Serving 9 million enrolled Veterans each year





## We Need YOU!

- The DOD & Veterans Administration cannot meet the growing demands for military/veteran care!
- Community partners with military cultural competency are needed!
- **Treatment WORKS; lives are SAVED!**



# Caregivers Play a Vital Role

**NAMI Homefront** is a free, 6-session educational program for families, caregivers and friends of military service members and vets with mental health conditions.

[www.nami.org/homefront](http://www.nami.org/homefront)



## REGISTRATION NOW OPEN FOR NAMI HOMEFRONT ONLINE CLASSES

**NAMI Homefront** is a free, six-session class for family, friends and significant others of Military Service Members and Veterans. The class helps families comprehend what the Military Service Member/ Veteran is experiencing related to trauma, combat stress, civilian life, PTSD and other mental health conditions. Topics covered include mental health, communication, handling crises, treatment and recovery.

**The program is designed** to help family members understand and support their Service Member/Veteran while maintaining their own well-being. NAMI Homefront leaders have personal experience with mental health conditions impacting their Service Member/ Veteran. The class is free but you are expected to attend all six sessions.

**Now offered online!** We understand that attending an in-person class can be difficult for busy individuals and families. We now offer NAMI Homefront Online. Online classes meet weekly in a virtual classroom, so participants experience the same level of interaction and learning as traditional in-person classes. You must have access to a laptop, PC or tablet with a stable internet connection to participate. Audio will be via telephone line, a headset is recommended.

USE THE FOLLOWING LINK TO REGISTER\*:

<https://www.research.net/r/homefrontonline>

\*All participants are screened to ensure this class is appropriate for their needs.



### Participant Perspectives

NAMI Homefront is an adaptation of the evidence-based NAMI Family-to-Family Education Program, which has been taught in VA health facilities since the late 1990s. Graduates of NAMI Homefront say:

*"It's the first step I have taken to get more involved personally with the VA. The first step I have taken to take care of me."*  
Mother of a Veteran

*"I realized I saw signs and symptoms of PTSD but did not know how to handle my loved one – I know better how to handle situations."*  
Spouse of a Veteran

### About NAMI

NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI and dedicated volunteer members and leaders work tirelessly to raise awareness and provide essential education, advocacy and support group programs for people in our community with mental health conditions and their loved ones.

Learn more about NAMI Homefront, and other NAMI programs, online at [www.nami.org](http://www.nami.org). If you have any questions or concerns, please email [namieducation@nami.org](mailto:namieducation@nami.org) or call 703-524-7600



# Seeking Help



Why might some service members/veterans seek help from civilian providers or clergy rather than from the DOD or the VA?

- Stigma, fear, scrutiny, and mistrust
- Lack of knowledge
- Fact vs Fiction
- Cultural competence vs cultural humility
- Cultural dissidence creates distance between Veteran and provider



# Does a person change...

Does a person change during basic training and after working in the military? There are traumatic conditions associated with military life.

Even stateside military personnel are working in unsafe situations around weapons and explosives, among other things. There is constant hyper-vigilance, the expectation of perfection and the issue of not feeling good enough. Additionally some live with survivor's guilt. There is a need to talk about their experiences, but they also do not want to brag or appear to make too much of 'small things,' after all others gave with their lives.

- S.E.E. (Significant Emotional Event)
- Basic Combat Training (Phases)
- Career Path
- OPTEMPO (Operations Tempo)
- Deployments





# Battlemind Skills in Combat

Buddies (cohesion)	Battle buddies depend on each other to survive; they share the load and watch each other's back.
Accountability	All personal items are important; maintaining control of gear and weapons is necessary for survival.
Targeted aggression	Anger can keep one alert, awake and alive; one must be ready at all times to make split second decisions in order to survive.
Tactical awareness	Awareness of surroundings at all times is necessary, as well as being ready to react immediately to sudden changes.
Lethally armed	A weapon must be carried at all times; it's a matter of life or death.
Emotional control	Managing or suppressing emotions during combat is critical to the success of a mission and quickly becomes second nature.
Mission Operational Security (OPSEC)	Missions are discussed only with those who need to know; during combat, experiences are only discussed within the unit.
Individual responsibility	Each person is accountable for their own survival; everyone does their best to keep their Battle Buddy alive.
Non-defensive (combat) driving	Service Members are trained to drive fast and unpredictably, to straddle the middle line, to keep other vehicles at a distance and to change lanes rapidly to avoid IEDs (Improvised Explosive Devices) and VBIEDs (Vehicle-Borne IEDs).
Discipline and ordering	Following regulations, protocol, discipline and obeying orders are essential for survival.





# Battlemind Skills at Home

## Small Group Activity: What Battlemind Skills Look Like at Home

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### Activity Instructions:

Describe what the assigned **Battlemind Skills** look like at home

Choose a scribe and a presenter

### How it will work:

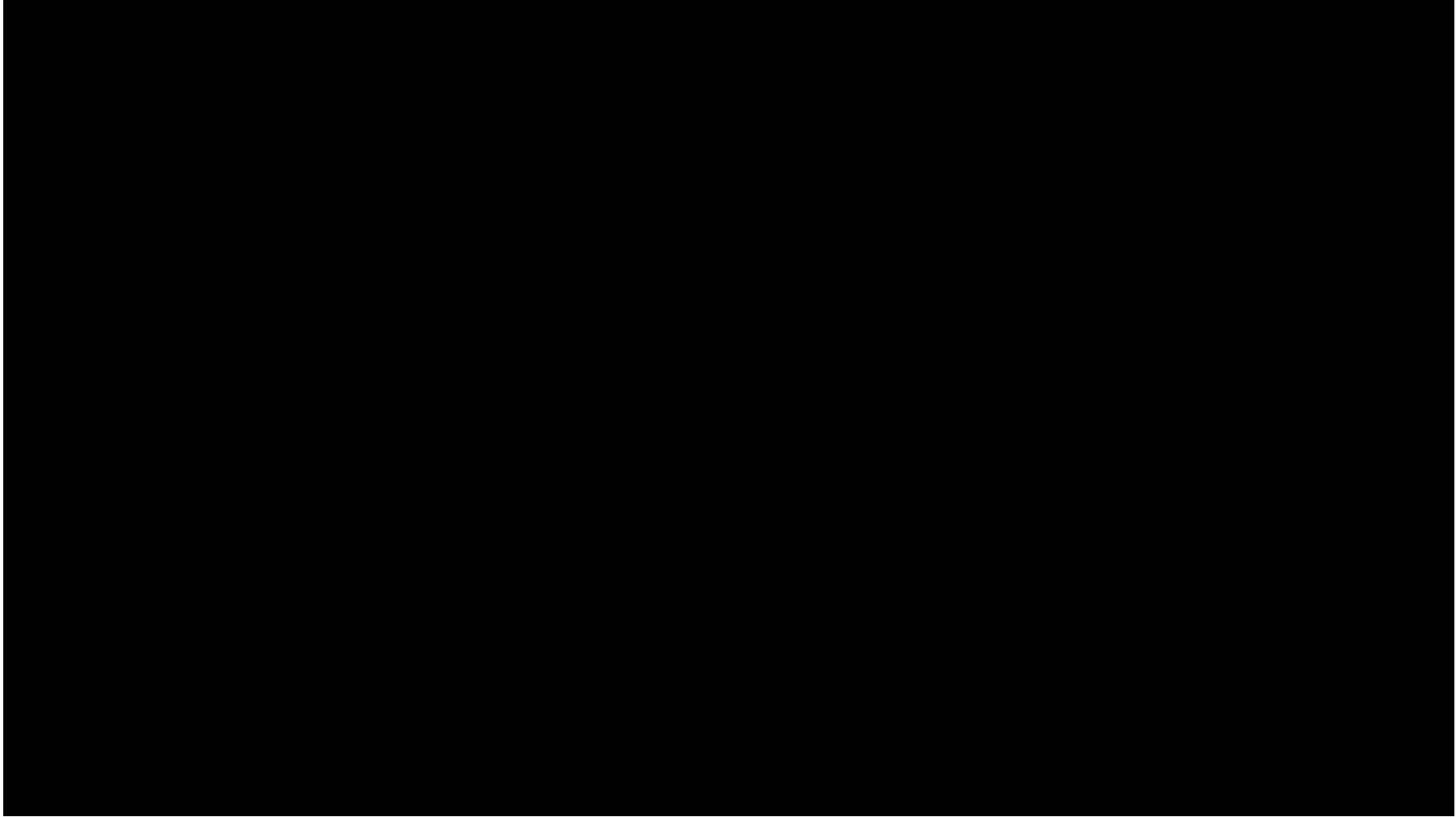
You'll be randomly assigned to a breakout, which will have separate audio

We'll broadcast time alerts

If you have questions or problems, use Main Chat

10 minutes







# The Impact of Moral Injury

**Moral injury** is the damage done to one's conscience or moral compass when that person perpetrates, witnesses, or fails to prevent acts that transgress one's own moral beliefs, values, or ethical codes of conduct.

- Using deadly force in combat and causing the harm or death of civilians, knowingly but without alternatives, or accidentally
- Giving orders in combat that result in the injury or death of a fellow service member
- Failing to provide medical aid to an injured civilian or service member
- Returning home from deployment and hearing of the executions of cooperating local nationals
- Failing to report knowledge of a sexual assault or rape committed against oneself, a fellow service member, or civilians
- Following orders that were illegal, immoral, and/or against the Rules of Engagement (ROE) or Geneva Convention
- A change in belief about the necessity or justification for war, during or after one's service



# Moral Injury and Treatment

## “Deployment trauma and seeking treatment for PTSD in US soldiers”

Lauren Paige, Keith D. Renshaw, Elizabeth S. Allen & Brett T. Litz

<https://tandfonline.com/doi/full/10.1080/08995605.2018.1525219>

- Male soldiers who were married (n = 600) completed online surveys that assessed posttraumatic stress disorder (PTSD), willingness to seek treatment for PTSD, actual receipt of PTSD treatment, and the frequency of exposure to 4 types of potentially traumatizing warzone experiences: committing a moral injury, observing a moral injury, threats to life, and traumatic loss.
- Soldiers who reported greater exposure to moral injury experiences (committed or observed) were less likely to be willing to seek treatment, regardless of PTSD symptom severity.



# There IS Hope!



A real-world story – that's still being written





# The Military Culture

## Above the waterline:

- Uniforms
- Medals
- Ranks
- Ceremonies

## Transition zone:

- Service creeds
- Core values
- oath of office

## Hidden below the water line:

- Discipline
- Self-sacrifice
- Fighting spirit
- Loyalty
- Teamwork
- Warrior Values
- Warrior beliefs
- Warrior ethos





# Uniforms





# Military Medals



General Mattis





# U.S. Air Force Ethos and Values

## Ethos:

- The foundation of what it means to be an Airman. It takes a strong mind, body, and spirit to be Air Force warrior. The Air Force warrior demonstrates a moral and physical courage, placing service before self, answering the nation's call, and being faithful to a tradition of honor and a legacy of Valor. An Air Force warrior defends the country with his life. We never leave an Airman behind; we never falter; we never fail.

## Core Values:

- Integrity first
- Service before self
- Excellence in all we do





# Hidden Strengths and Vulnerabilities

## Loyalty

- **Strength:** Committing to accomplishing missions and protecting comrades in arms
- **Vulnerability:** Feeling survivor guilt and complicated bereavement after losing friends
  
- **Strength:** Displaying toughness and ability to endure hardships without complaint
- **Vulnerability:** Not acknowledging significant symptoms and suffering after returning home

## Moral Code

- **Strength:** Following an internal moral compass to choose right over wrong
- **Vulnerability:** Feeling frustrated and betrayed when others fail to follow a moral code

## Excellence

- **Strength:** Becoming the best and most effective professional possible
- **Vulnerability:** Feeling ashamed of (or not acknowledging) imperfections



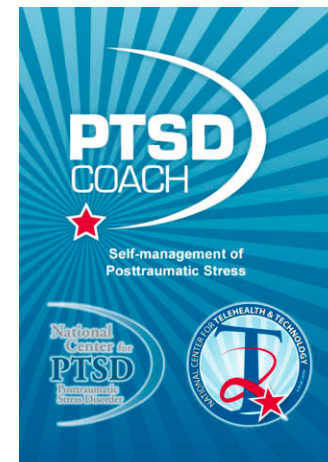
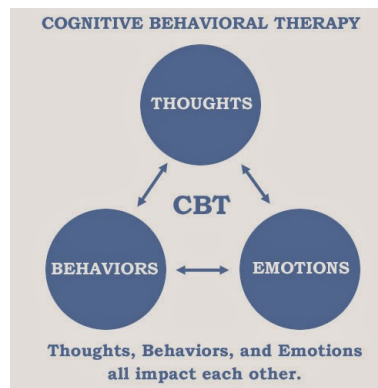
# Recognizing When Help Is Needed

- Excessive worrying or fear
- Feeling excessively sad or low – Hopelessness - Becomes the daily routine
- Feeling that there is now reason to live
- Confused thinking or problems concentrating and learning- Anxiety
- Extreme mood changes, including uncontrollable “highs” or feelings of euphoria and desperate lows
- Prolonged or strong feelings of irritability (rage) or anger
- Avoiding friends and social activities
- Difficulties understanding or relating to other people
- Changes in sleeping habits or feeling tired and low energy
- Changes in eating habits such as increased hunger or lack of appetite



# Effective Interventions

- Engagement, Engagement, Engagement
- Peer Support, AA, NA, SMART Recovery, Family Support
- Supported Housing Options
- Exercise
- Motivational Interviewing
- Motivational Enhancement Therapy
- Cognitive Behavioral Therapy
- Brain Stimulation Therapies
- Psychopharmacological Interventions
- Alternative Interventions
- Inpatient Treatment
- Employment and Education Supports





# Community and the Michael DeBakey VA Hospital

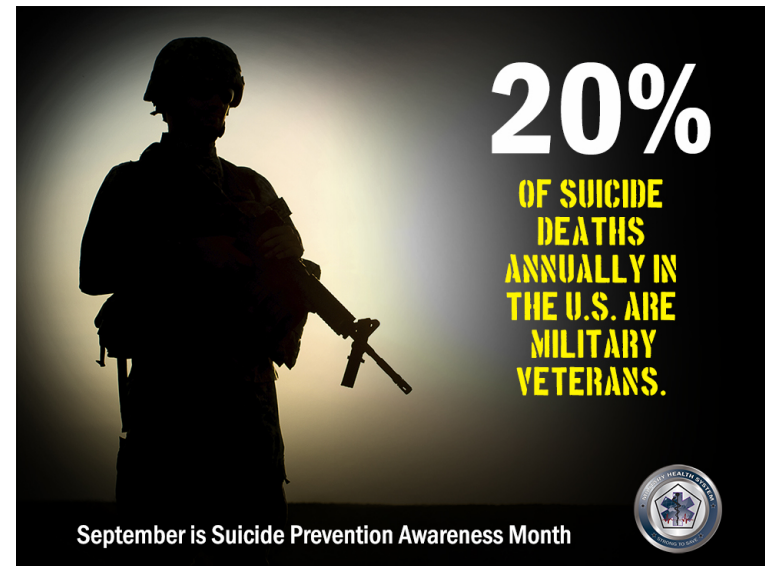
- Fast access to mental health and suicide prevention services
- Begun as a part of the Mayors Challenge
- Developed a Memorandum of Understanding with the Harris Center (Local Mental Health Authority)
- Allows Veterans who can not or do not wish to be seen at the VA locally to be seen not just referred at one of the branches of The Harris Center.
- Currently expanding to cover all of the 9 clinics across the Greater Houston area including the other LMHA's – Texana and Tri-County





## The Issue of Suicidality

- No discussion of Military/Veteran Mental Health is complete without a mention of the high risk of suicide among veterans.
- Treatment works for most **IF** and only if the situation is recognized and the individual is willing to participate.
- People can get past the grief and black periods when thoughts of suicide seem reasonable.





# Help vs Hindrance

- The military culture both **HELPS** and **HINDERS** accessing and engaging in treatment
  - How is the culture helpful to service members seeking treatment?
  - How does the culture hinder treatment seeking for service members?
  - What about the families?



Therapists  
are all **hippy**  
**pacifists**





# Risk

The highest risk being both in the post discharge period and later in life when one takes stock of their lives.

Risk factors we hear most about are **isolation, depression, access to firearms, suicidal thoughts and refusal to get help for mental health conditions**. It is important to get treatment for depression and PTS symptoms, even for older veterans like those from the Vietnam era.

- Loss of identity
- Camaraderie is no longer there
- Decrease of power base
- Structured vs unstructured environment
- Comfort zone





# NEVER LEAVE A WARRIOR BEHIND.

There is help.  
There is hope.  
You are not alone.

September is Suicide Prevention Awareness Month  
**SHOW YOUR SUPPORT AND PASS IT ON.**





## Additional Reading

- Chandra, A. A. (2010). Children on the homefront: The experience of children from military families. *Pediatrics (Evanston)*, 125(1), 16-25.
- Cozza, S. S. J. (2005). Military families and children during Operation Iraqi Freedom. *Psychiatric Quarterly*, 76(4), 371-378.
- Eaton KM. (2008). Prevalence of mental health problems, treatment need, and barriers to care among primary care-seeking spouses of military service members involved in Iraq and Afghanistan deployments. *Military Medicine*, 173(11), 1051.
- Gibbs, D. D. A. (2007). Child maltreatment in enlisted soldiers' families during combat-related deployments. *JAMA : The Journal of the American Medical Association*, 298(5), 528-535.
- Gorman, G. G. H. (2010). Wartime military deployment and increased pediatric mental and behavioral health complaints. *Pediatrics (Evanston)*,
- Lapp, C. A. C. (2010). Stress and coping on the home front: Guard and reserve spouses searching for a new normal. *Journal of Family Nursing*, 16(1), 45-67.
- Lester, P. (2010). The long war and parental combat deployment: Effects on military children and at-home spouses. *Journal of the American Academy of Child and Adolescent Psychiatry*, 49(4), 310-320.
- Mansfield, A. A. J. (2010). Deployment and the use of mental health services among U.S. army wives. *The New England Journal of Medicine*, 362(2), 101-109.
- Warner, C. H. (2009). Psychological effects of deployments on military families. *Psychiatric Annals*, 39(2),



## Additional Resources

- **[Coaching Into Care](#)**  
Family members and friends who are seeking care or services for a Veteran can call VA's Coaching Into Care national telephone service at **888-823-7458**. Licensed psychologists and social workers help each caller find appropriate services at a local VA facility or elsewhere in the community
- **[Suicide Prevention: A Guide for Military and Veteran Families](#)**  
Family members are often able to tell when a loved one is in crisis because they know that person best. If you think a loved one is suicidal, you may be feeling scared and helpless — but there are ways you can help. This guide will help you recognize when someone is at risk for suicide and understand the actions you can take to help. *(Developed by the [Rocky Mountain MIRECC](#))*
- MOU Development Information- Clifton (Brent) Arnspiger  
[Clifton.Arnspiger@va.gov](mailto:Clifton.Arnspiger@va.gov)



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2. You can also evaluate the session on your computer. Go to: [www.nami.org/sessioneval](http://www.nami.org/sessioneval), select the session and click “Rate This Session.”