

NATIONAL
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HEALTHY MINDS
STRONG COMMUNITIES

Military Culture and Identifying SMVF in Community Clinics

March 6, 2025

CCBHC-E
National Training and Technical Assistance Center
Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

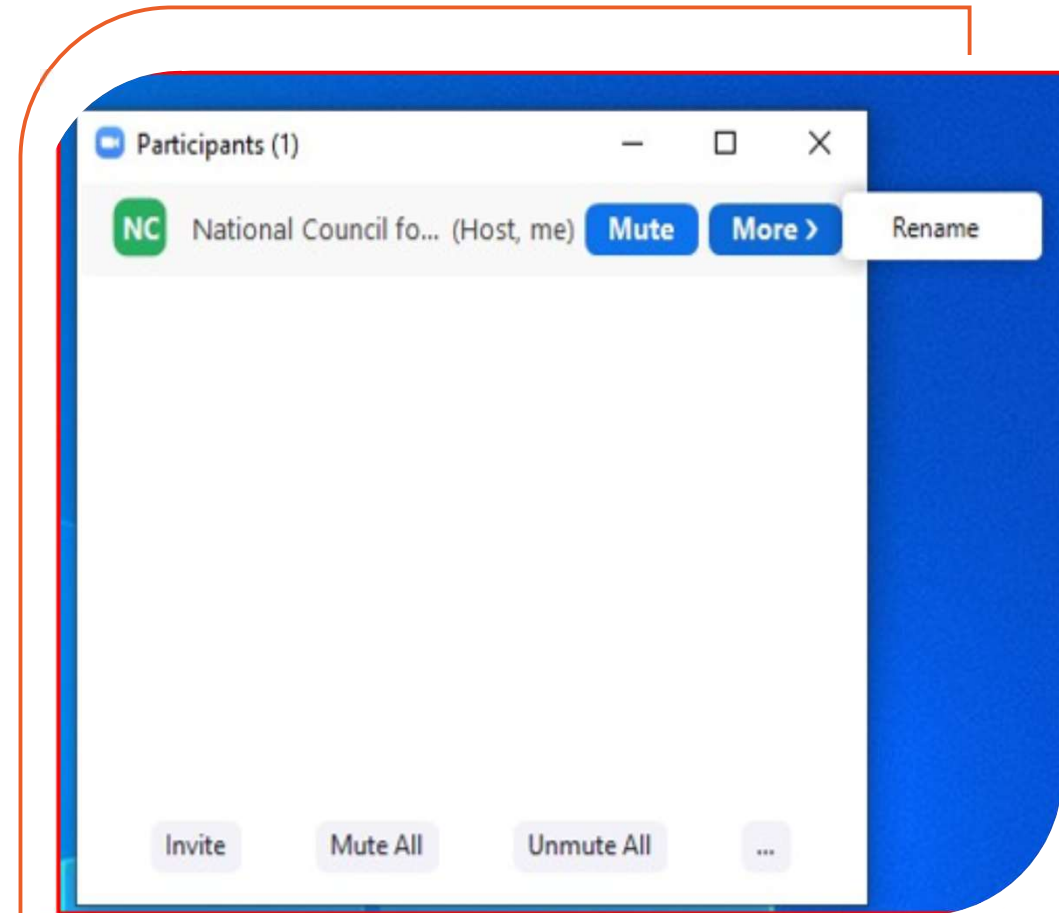
Acknowledgements and Disclaimer

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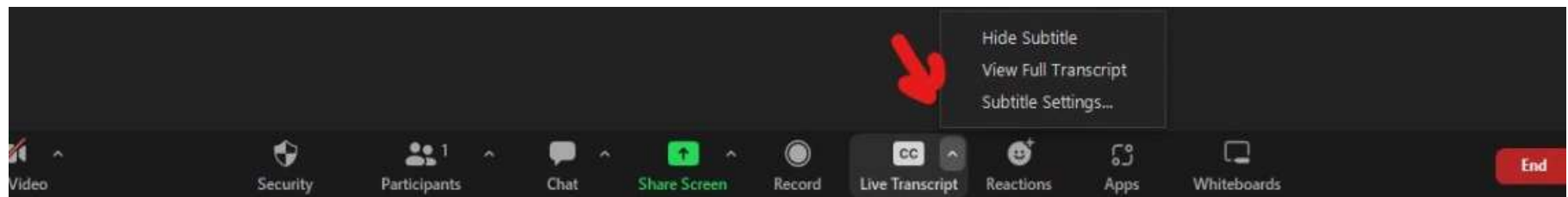
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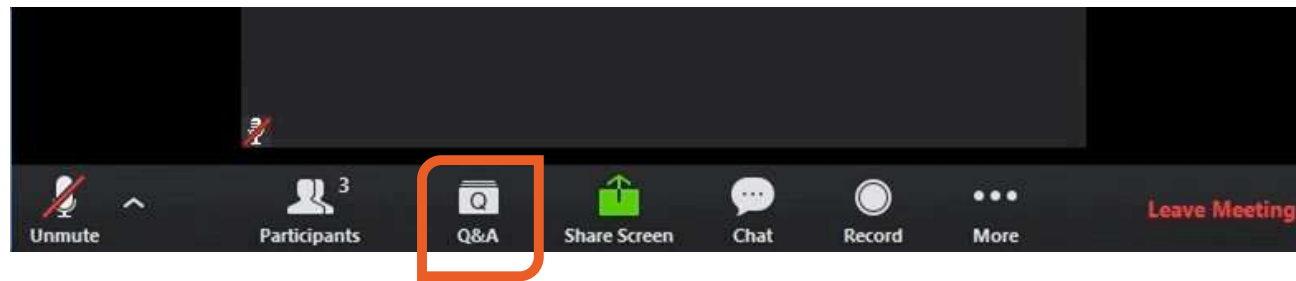
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Learning Series Curriculum

Date	Topic
March 6 th	Military Culture and Identifying SMVF in Community Clinics
April 3 rd	Key Partnerships for SMVF Mental Health and Wellness
May 1 st	Clinical Mental Health for the Military Affiliated Population



Learning Objectives



- Learn about best practices for identifying military-affiliated clients in community clinical settings
- Learn and discuss resources to develop cultural responsiveness for military affiliated clients
- Observe how military culture training and identification is applied in select CCBHCs



Today

- Welcome
- Serving Those Who Serve
- Overview of SAMHSA's SMVF TA Center
- Understanding Military Culture
- Community Health Network CCBHC
- Questions?

NAMI New Hampshire

Amy Cook

Director of Training





What & Why?

Have you or a family member ever served in the military?

- Specific wording matters
- Include family members

“Veteran”



US Department of Veterans Affairs

- <https://www.va.gov/OSDBU/docs/Determining-Veteran-Status.pdf>

Civilian Culture

- Organizations & businesses
- <https://www.merriam-webster.com/dictionary/veteran>

Military Culture

“family member”



May be close to person who served

- May notice signs that help is needed
- Can direct to resources or services

May be a caregiver for the person who served

May benefit from resources or services for military families



Steps to Develop ATQ Efforts (Strategic Level)

Pre-implementation

- 1. What is the desired outcome and how can it be measured?
- 2. Who is your target audience?

Implementation

- 3. What communication strategy will be used?
- 4. Who will be responsible?
- 5. What will milestones be for implementation?

Post-implementation

- 6. Measure and evaluate progress. Plan for revisions.

- 7. How can the data tell a story and efforts be scaled?

Collecting Useful Information

- How you ask the question matters.
- Consistency is key.

Two Types of Information:

1. Information to **achieve desired outcomes**
2. Information to **evaluate implementation efforts**

Clearly define:

1. The pieces of information to be collected.
2. Terms used when collecting information.
3. The exact process for collecting, sharing, and storing the information.

Communicate definitions to all staff.

Ensure the client/patient/customer understands the definitions of terms and what information is being sought.

After the Answer is “YES”

- Express appreciation and respect for their service.
- Refer for a “benefits check-up”.
- Connect to appropriate resources.
- Add additional steps and guidance that are industry or organization-specific (e.g. appropriate treatment).



KEYS TO LASTING CHANGE

Organizations should plan to implement these keys to lasting change.

Create a framework and community to support the change.

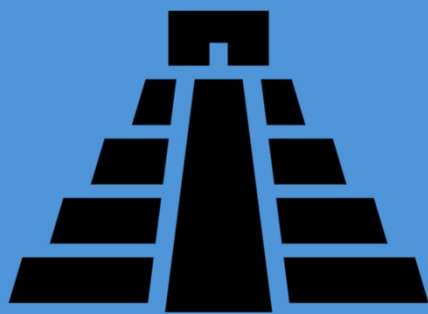
1. Clear responsibilities for implementing efforts.

2. Cross-department buy-in.

3. Align ATQ with organizational mission, values, vision statement; embed into policies & practices and organizational culture.

4. Plan for continued learning & growth at the organization and among partners in the community.

Review of Steps to Implement ATQ



1. Engage leadership and gain support.
2. Gather an internal team.

Prepare facility and providers to provide culturally competent and informed care.

3. How does the initiative align with the organization's mission, values, or vision statement?
4. What will be the purpose for identifying SMVF and how can this be reflected in the data collected or questions asked?
5. What currently exists and where does change need to occur?
6. How will staff be informed of changes and the reasons for changing?
7. How will clients/patients/consumers be informed of changes that may impact them and the reasons for those changes?
8. Does the facility reflect these changes or how can it be made to do so?

Plan for sustainability.

9. How will staff continue to learn and grow?
10. How will the organization measure impact and results?

Free Resources for Implementation

Ask the Question Toolkit & Video Series

<https://www.dmaivs.nh.gov/community-based-military-programs/ask-question>



Serving Those Who Serve eLearning Course

<https://learn.naminh.org/course/serving-those-who-serve>

Multiple Ways to Use ATQ Resources

- Utilize topics, tools, or videos in trainings for providers
- Utilize pieces as-needed to answer specific questions or provide specific guidance
- Design training agendas around the topics and utilize the resources as take-aways for attendees
- Use videos to encourage discussion around specific topics at meetings
- Share videos online to spread awareness in the community

What's your idea?

Military Culture and Suicide Prevention Training Resources for Professionals

Community Organizations

Many community organizations across the country offer training such as Connect Suicide Prevention or Postvention for Military (NAMI NH), ASIST, Mental Health First Aid for Military, or other military culture workshops. Some of these offer Train-the-Trainer opportunities.

Local Veterans Coalitions

Many local Veterans Coalitions have been established across the country. These coalitions are committed to preventing suicide among SMVF and many are making military culture and suicide prevention training available to community members and providers.

PsychArmor

Online military culture and suicide prevention training covering a variety of topics specific to military/Veterans.

VA Medical Center

The VA Medical Center offers a variety of trainings for community providers and employers related to military culture, suicide prevention, and employment supports for Veterans with disabilities. Contact your local VA Medical Center.



Thank you!

Amy Cook
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SAMHSA's SMVF TA Center

Jasher Blocker Harris



Overview of SAMHSA's SMVF TA Center



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Service Members, Veterans, and their
Families Technical Assistance Center

Jasher Blocker Harris, M.A.

Project Associate II, Substance Abuse and Mental Health Services Administration
(SAMHSA's) Service Members, Veterans and their Families (SMVF) Technical
Assistance Center (TA Center), Policy Research Associates, Inc. (PRA)



SAMHSA's SMVF TA Center serves as a national resource to support states, territories, and local communities in strengthening their capacity to address the behavioral health needs of military and veteran families.

Service Members, Veterans, and their Families Technical Assistance (SMVF TA) Center

- **Monitoring evolving trends** in the following areas:
 - Behavioral health-focused prevention, treatment, and recovery support needs for both mental health and substance use in service members, veterans, and their families
 - Challenges faced by states and territories
- **Providing technical assistance, training tools, and consultation** to teams within states and territories in ways that promote coordination among civilian, military, and veteran service systems
- **Identifying, sharing, and encouraging the adoption of promising, best, and evidence-based practices** that support the resilience and emotional health of service members, veterans, and their families
- **Identifying experts and resources** to meet the evolving needs of states and territories related to strengthening behavioral health care systems and services for service members, veterans, and their families
- **Supporting the planning and implementation of state and territory interagency teams**, including the provision of technical assistance before and after the meetings of Policy Academies
- **Supporting the training of SAMHSA stakeholders and grantees** on issues and providing resources and publications related to service members, veterans, and their families



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Service Members, Veterans, and their Families Technical Assistance (SMVF TA) Center

Governor's and Mayor's Challenges

Through its [Governor's and Mayor's Challenges](#), SAMHSA and the U.S. Department of Veterans Affairs support the implementation of a public health approach for the prevention of suicide among service members, veterans, and their families. These efforts help states and communities develop the capacity to implement interagency military/civilian action plans grounded in evidence-based suicide prevention practices.

Crisis Intercept Mapping for SMVF Suicide Prevention

The [Crisis Intercept Mapping](#) process for SMVF Suicide Prevention is designed to help communities strengthen the delivery of evidence-based suicide prevention policies and practices for SMVF during a time of crisis.

Interagency Collaboration

The SMVF TA Center works with other agencies and groups to improve behavioral health services and supports for veterans and their families including:

- » [Federal Interagency Task Force on Military and Veterans Mental Health](#)
- » [SAMHSA SMVF TA Center Partners Group](#)
- » [State and Territory Interagency Teams](#)

TA Activities

Technical assistance is available to states, territories, and local communities through the following types of activities:

- » [Policy Academies](#)
- » [Implementation Academies](#)
- » [Crisis Intercept Mapping for SMVF Suicide Prevention](#)
- » [Other Virtual Technical Assistance](#)
- » [Site Visits and Expert Consultations](#)
- » [Resources and Publications](#)

Understanding Military Culture



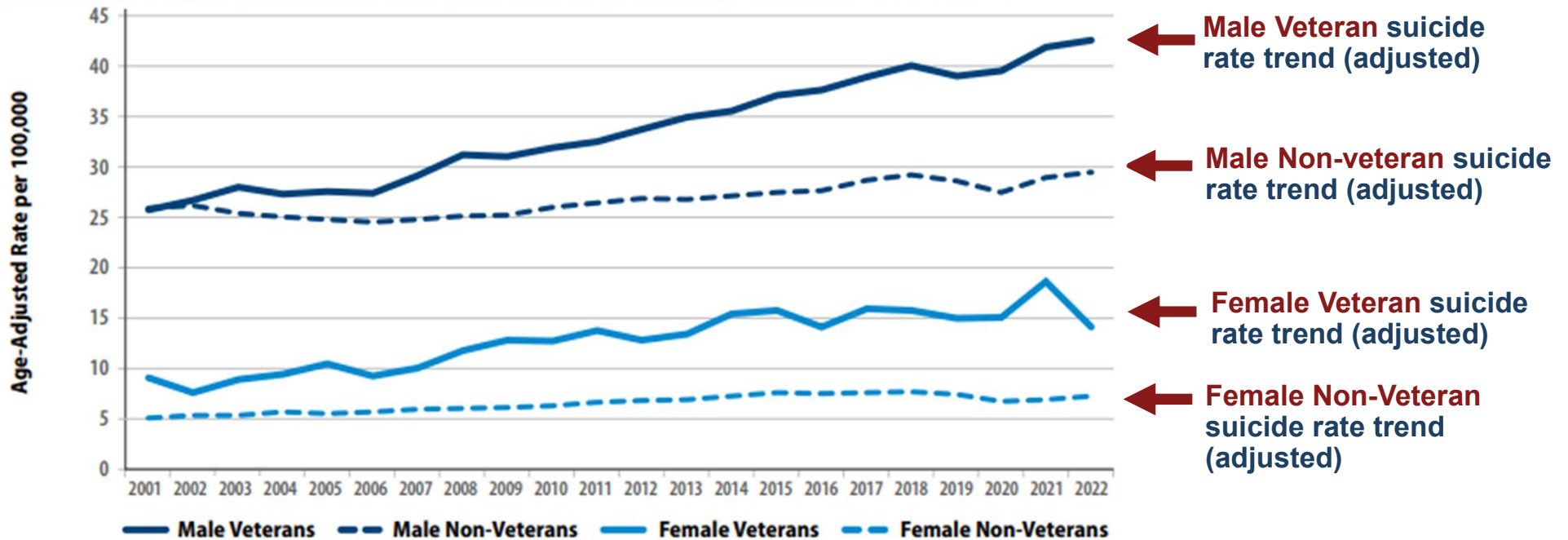
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Gap in the Suicide Rate between Veterans and Non-Veterans



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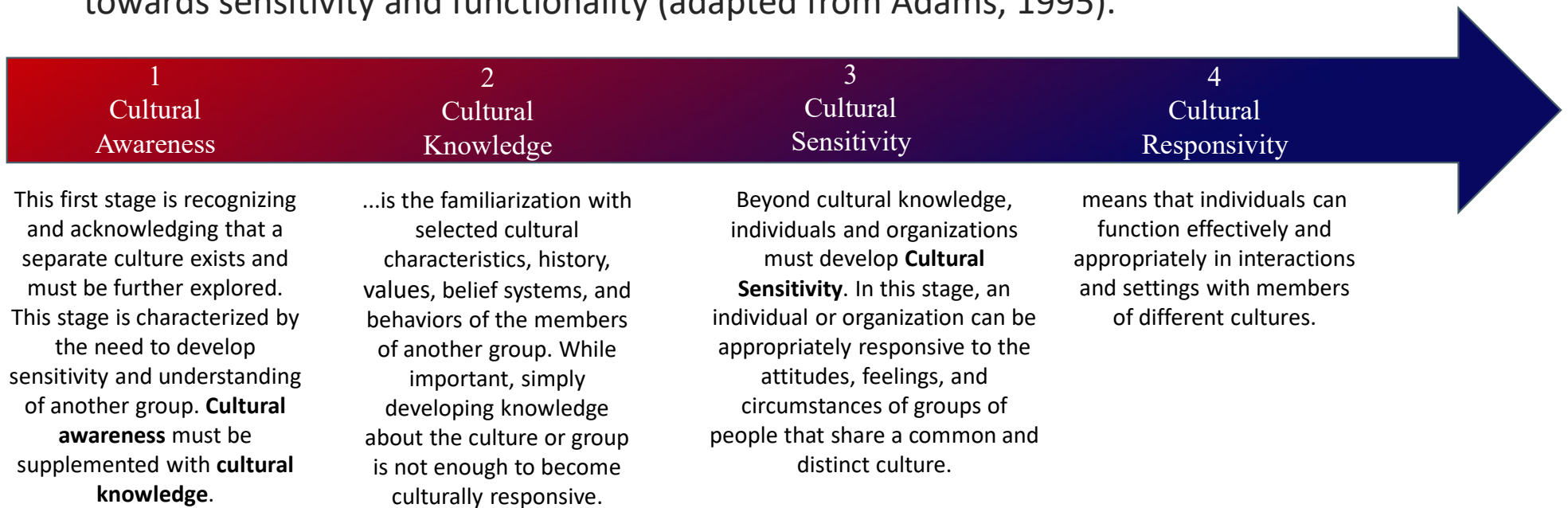
Figure 3: Age-Adjusted Suicide Rate, Veteran and Non-Veteran U.S. Adults, by Sex, 2001–2022



U.S. Department of Veterans Affairs, Veterans Health Administration, Office of Mental Health and Suicide Prevention (2024). National Veteran Suicide Prevention Annual Report, November 2024.

SPECTRUM OF CULTURAL RESPONSIVITY

- Cultural considerations should be seen as a continuum from basic cultural awareness to cultural responsivity; effort must be made to move beyond awareness and knowledge towards sensitivity and functionality (adapted from Adams, 1995).



Warrior Ethos and Military Culture



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I will always place the mission first.

I will never accept defeat.

I will never quit.

I will never leave a fallen comrade.

Intrinsic and Extrinsic Aspects of Service



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Extrinsic Aspects of Military Culture

Branch of Service

Era of Service

Type of service

(combat vs non-combat)

Occupational Specialty

Rank

Officer or Enlisted

Visible, but often do not remain after leaving service

Intrinsic Aspects of Military Culture

Commitment

Honor

Sacrifice

Putting the needs of others before self

Pride of Service

Familiarity / Comfort with structure and hierarchy

Not visible, but often become part of a veteran's core values after service

EXPLICIT CULTURAL DIFFERENCES

Explicit characteristics of military culture are those observable characteristics that make military life unique. Manner of dress, branch and era of service, era of service, and rank structure are all examples of explicit characteristics of the SMVF population

- To demonstrate cultural responsiveness when engaging with the military-affiliated population, you should be able to:
- Recognize different branches of service and differences in the characteristics of each
- Understand differences between current and former service members, as well as former service members from different eras
- Develop knowledge about different military operations, current and former, as well as differences between combat theaters within conflicts (i.e., Iraq vs. Afghanistan, Pacific vs. European theaters of operation)



EXPLICIT CULTURAL DIFFERENCES

Able to identify the branches of the U.S. armed forces, and understands that each has specialized structures, roles, ranks, and terms and is aware that differences in military culture exist between each branch of service

- U.S. Army: the main ground force of the U.S., largest and oldest of all of the branches
- U.S. Air Force: the air and space branch of the military, began as Army Air Corps
- U.S. Navy: the naval force of the U.S., delivers combat forces while maintaining security at sea
- U.S. Marine Corps: An amphibious and ground expeditionary force
- U.S. Coast Guard: a maritime component; law enforcement branch and military branch
- U.S. Space Force: The space warfare branch of the military; began as elements in Army and Air Force



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EXPLICIT CULTURAL DIFFERENCES



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- We should be aware that differences in experiences may exist between Veterans who previously served, Service members who currently serve, as well as Veterans who served in different eras (DeBruyne & Leland, 2015)
- The military changes significantly over a short period of time; serving in 1995 was different than in 2005, which was different in 2015, etc.

World War II Era 1939 - 1945
Post WWII Era 1945-1950
Korean War Era –1950 to 1954
Post-Korean War Era 1954 - 1961
Vietnam War Era - 1961 to 1975
Cold War Era –1975 –1990
Persian Gulf Era –1990 to 1992
Post Persian Gulf Era - 1992 – 2001
Post 9/11 – 2001-Present

EXPLICIT CULTURAL DIFFERENCES



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- There should be a general knowledge of the training methods and objectives of military operations, including potential differences among combat zones.
- A service member's experience in Iraq in 2010 is completely different than another service member's experience in the Persian Gulf War in 1991
- Technology, resources, method of combat differ from era to era and theater to theater
- A single service member, especially career military members, likely served in multiple conflicts; WWII and Korea, Korea and Vietnam, Vietnam and Persian Gulf War, Gulf War, Balkans, and GWOT

Potential Combat Conflicts

World War II
Korean War
Vietnam War
Lebanon
Grenada
Desert Storm/ Desert Shield
Bosnia
Kosovo
Operations in the former Yugoslavia area
Global War on Terrorism
Operation Enduring Freedom
Operation Freedom's Sentinel
Operation Iraqi Freedom
Operation New Dawn

IMPLICIT CULTURAL DIFFERENCES



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- Needs to acknowledge that values, beliefs, traditions, and functions of the military can influence the client's worldview. A particular worldview is a distinct philosophy of life or experiences within social, cultural, environmental, and psychological domains (Weiss & Coll, 2011).
- Military servicemembers and their families have more of a global perspective than those who have never served, due to multiple duty assignments
- All branches have a commitment to the value of service and sacrifice
- Exposure to trauma or stressful situations outside the common experience of those who didn't serve can negatively impact values (moral injury)



IMPLICIT CULTURAL DIFFERENCES



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- Acknowledges sacrifice, honor, and humility as values for Service members. Recognizes the importance of collectivism within the military culture, including a desire to limit risk or harm to others. This can impact their ability and willingness to seek mental health support for perceived weaknesses and a desire to protect others (Meyer & Wynn, 2018)
- Assimilation into military culture, either brief, short or long term, can lead to an indelible culturalization that is most significant in a veteran's life
- Seeking care for mental health concerns can be seen as mission compromising and an admission that they are unreliable
- Often, service members and veterans will be reticent to disclose details, not to avoid reliving the trauma, but to "protect" others from feeling what the veteran is feeling



Air Force Master Sgt. Tiffany Robinson kneels in front of a battlefield cross, May 26, 2014. . Navy photo by Petty Officer 1st Class Eric Dietrich

CULTURAL IMPACTS ON POST-MILITARY LIFE



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Respects the individual motivations of service members to enlist or commission in the military, as well as their individual experiences during their time in service and decision to leave or retire from the military.

- Reasons for joining the military can be identified by themes (Redmond et al., 2015):
 - Institutional: desire to serve, patriotism, desire for adventure/challenge
 - Future-oriented: desire for a military career and money for college
 - Occupational: desire to support family, best available option
 - Pecuniary: repayment of college loans and bonuses



Army Chief of Staff Gen. Ray Odierno administers the oath-of-enlistment to future soldiers during a ceremony celebrating the U.S. Army's 237th birthday at Times Square in New York, June 14, 2012.

CULTURAL IMPACTS ON POST-MILITARY LIFE

- The military lifestyle impacts service members and their spouses, as well as to children and other family members. Understanding the challenges related to cultural dissonance is important for providers.
- We must understand the different reasons why individuals join or leave the military, and their feelings towards these decisions
- We should acknowledge and address the differentiating worldviews of those who served and those who haven't.
- Military culture emphasizes working as a team, while non-military employment culture is often focused on individual achievement and skills



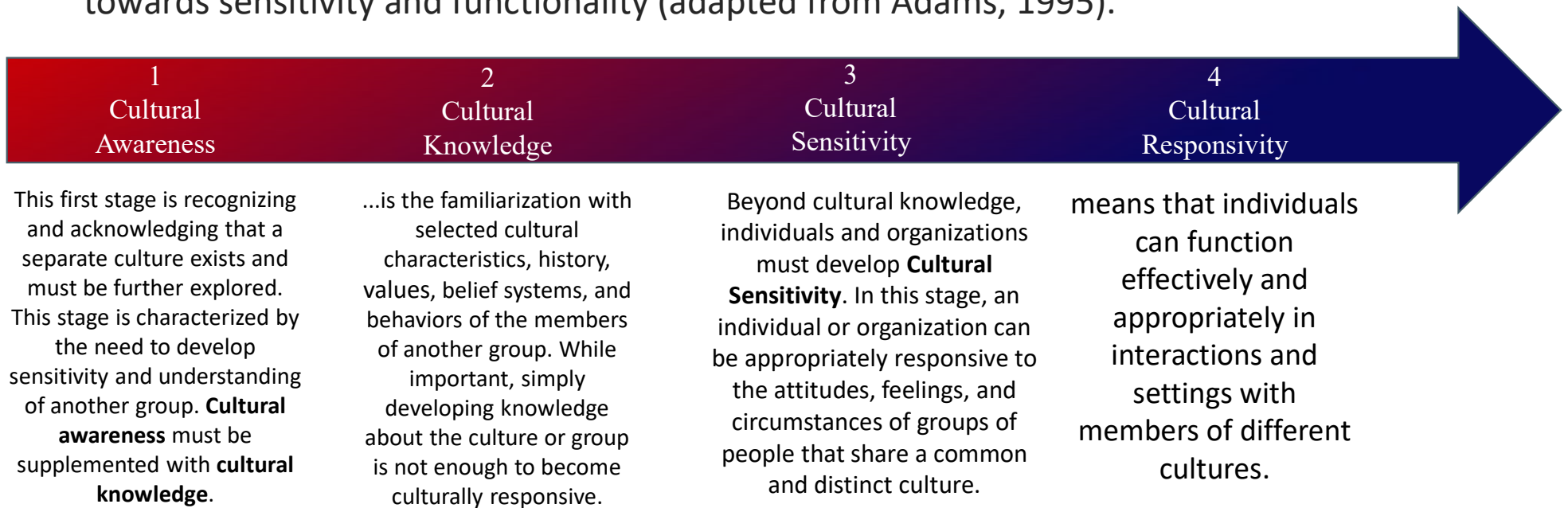
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A Recruiter speaks to two U.S. Marines at the Warrior and Family Transition Fair on Marine Corps Base Quantico, Va., June 18, 2015. DoD Photo.

SPECTRUM OF CULTURAL RESPONSIVITY

- Cultural considerations should be seen as a continuum from basic cultural awareness to cultural responsivity; effort must be made to move beyond awareness and knowledge towards sensitivity and functionality (adapted from Adams, 1995).



Military Culture Trainings



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VA Support for Health Care Providers Resources

- Understanding Military Culture
- Exercises for Providers
- Managing Co-Occurring Conditions



Health Care Provider

Overview Anxiety Bipolar Disorder Depression MST

PTSD Schizophrenia Substance Use Disorder Suicide Prevention

TBI

Overview

Health care providers, both inside and outside of the VA health care system, can play an essential role in helping America's Veterans access the mental health support they have earned.

Explore these pages to learn about the mental health issues that Veterans may face and access VA clinical training and resources that can enhance your delivery of health care and ultimately improve Veterans' health and well-being.

www.mentalhealth.va.gov/healthcare-providers

Military Culture Trainings



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VHA TRAIN Learning Network

- An external learning management system to provide valuable, Veteran-focused, accredited, continuing medical education at no cost to community healthcare providers



Welcome to VHA TRAIN

VHA TRAIN is a gateway into the [TRAIN Learning Network](#), the most comprehensive catalog of public health training opportunities. TRAIN is a free service for learners from the Public Health Foundation. VHA TRAIN is supported by the Veterans Health Administration Institute for Learning, Education and Development (ILEAD), an internal education and training program office in the Department of Veterans Affairs. The ILEAD-developed learning programs found in VHA support the professional development needs of public health and health care providers, with a focus on Veteran patient care. To receive learning eBlasts about new TRAIN courses, simply click [here](#) to sign up for your choice of subjects, and click [here](#) for the course catalog.



<https://www.train.org/vha/>

Military Culture Trainings



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Center for Deployment Psychology Military Culture Course Modules

- Introduction to Military Ethos
- Military Organization and Roles
 - Stressors and Resources
- Treatment, Resources and Tools



Military Culture Course Modules



The four modules of the Military Culture: Core Competencies for Healthcare Professionals course are listed below. You will find summaries of each module and a button to take each course. Each module has an estimated time for completion of two hours. Click the button and you will be taken to the TRAIN learning portal. Users new to the TRAIN system will be prompted to create an account before taking the modules, while users with existing TRAIN accounts will be prompted to log into their account.

www.deploymentpsych.org/military-culture-course-modules

References



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- Adams, D. L. (1995). Health issues for women of color: A cultural diversity perspective.
- Brenner, L. A., Homaifar, 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), 390.
- Carmona-Perera, M., Verdejo-García, A., Young, L., Molina-Fernández, A., & Pérez-García, M. (2012). Moral decision-making in polysubstance dependent individuals. *Drug and alcohol dependence, 126*(3), 389-392.
- 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.
- Caplan, B., Bogner, J., Brenner, L., Malec, J., Kumar, R. G., Juengst, S. B., ... & Dahdah, M. N. (2018). Epidemiology of comorbid conditions among adults 50 years and older with traumatic brain injury. *Journal of head trauma rehabilitation, 33*(1), 15-24.
- DeBruyne, N. F., & Leland, A. (2015). *American war and military operations casualties: Lists and statistics*. Congressional Research Service Washington United States.
- Farnsworth, J. K., Drescher, K. D., Nieuwsma, J. A., Walser, 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.
- Glasner-Edwards, S., & Rawson, R. (2010). Evidence-based practices in addiction treatment: Review and recommendations for public policy. *Health policy, 97*(2-3), 93-104.
- 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.
- Hall, L. K. (2016). *Counseling military families: What mental health professionals need to know*. Routledge.
- Hatef, E., Predmore, Z., Lasser, E. C., Kharrazi, H., Nelson, K., Curtis, I., ... & 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.

References



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- Hellmuth, J. C., Stappenbeck, C. A., Hoerster, K. D., & Jakupcak, M. (2012). Modeling PTSD symptom clusters, alcohol misuse, anger, and depression as they relate to aggression and suicidality in returning US veterans. *Journal of traumatic stress, 25*(5), 527-534.
- Henkel, D. (2011). Unemployment and substance use: a review of the literature (1990-2010). *Current drug abuse reviews, 4*(1), 4-27.
- Karlin, B. E., Ruzek, J. I., Chard, K. M., Eftekhari, A., Monson, C. M., Hembree, E. A., ... & Foa, E. B. (2010). Dissemination of evidence-based psychological treatments for posttraumatic stress disorder in the Veterans Health Administration. *Journal of traumatic stress, 23*(6), 663-673.
- Keshen, A. (2006). A new look at existential psychotherapy. *American Journal of Psychotherapy, 60*(3), 285-298.
- Kulka, R. A. (1990). The national Vietnam veterans readjustment study: Tables of findings and technical appendices. Brunner/Mazel Publisher.
- 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.
- Meyer, E. G., & Wynn, G. H. (2018). The importance of US military cultural competence. In *Military and Veteran Mental Health* (pp. 15-33). Springer, New York, NY.
- 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, 59*, 137-144.
- Padgett, D. K., Henwood, B., Abrams, C., & Drake, R. E. (2008). Social relationships among persons who have experienced serious mental illness, substance abuse, and homelessness: Implications for recovery. *American journal of orthopsychiatry, 78*(3), 333-339.
- Paley, B., Lester, P., & Mogil, C. (2013). Family systems and ecological perspectives on the impact of deployment on military families. *Clinical child and family psychology review, 16*(3), 245-265.
- Polusny, M. A., Martyr, M. A., Erbes, C. R., Arbisi, P. A., Kramer, M., Gibson, E., & Oleson, H. (2016). Prevalence and risk factors for post-traumatic stress disorder symptoms among National Guard/Reserve Component Service members deployed to Iraq and Afghanistan. *Comprehensive Guide to Post-Traumatic Stress Disorders, 455-487*.
- Prosek, E., Burgin, E., Atkins, K., Wehrman, J., Fenell, D., Carter, C., & Green, L. (2018). Competencies for Counseling Military Populations. *Journal of Military and Government Counseling, 87-99*.

References



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- Pugh, M. J., Swan, A. A., Carlson, K. F., Jaramillo, C. A., Eapen, B. C., Dillahunt-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), S40-S49.
- Redmond, S. A., Wilcox, S. L., Campbell, S., Kim, A., Finney, K., Barr, K., & Hassan, A. M. (2015). A brief introduction to the military workplace culture. *Work, 50*(1), 9-20.
- Robins, L. N. (1993). Vietnam veterans' rapid recovery from heroin addiction: A fluke or normal expectation?. *Addiction, 88*(8), 1041-1054.
- Scholten, J., Vasterling, J. J., & Grimes, J. B. (2017). Traumatic brain injury clinical practice guidelines and best practices from the VA state of the art conference. *Brain injury, 31*(9), 1246-1251.
- Schuman, D. (2016). Veterans' experiences using complementary and alternative medicine for posttraumatic stress: A qualitative interpretive meta-synthesis. *Social work in public health, 31*(2), 83-97.
- 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).
- Smith, A. (2018). "My Understanding... Has Literally Changed": Addressing the Military-Civilian Gap with an Academic-Community Engagement Project. *Journal of Veterans Studies, 3*(1), 1-17.
- 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.
- 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.
- Stappenbeck, C. A., Hellmuth, J. C., Simpson, T., & Jakupcak, M. (2014). The effects of alcohol problems, PTSD, and combat exposure on nonphysical and physical aggression among Iraq and Afghanistan war veterans. *Psychological Trauma: Theory, Research, Practice, and Policy, 6*(1), 65.
- 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.

References



- 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.
- Truusa, T. T., & Castro, C. A. (2019). Definition of a veteran: the military viewed as a culture. In *Military Veteran Reintegration* (pp. 5-19). Academic Press.
- US Department of Defense. (2017). Population representation in the military services.
- Walton, J. L., Raines, A. M., Cuccurullo, L. A. J., Vidaurri, D. N., Villarosa-Hurlocker, M. C., & Franklin, C. L. (2018). The relationship between DSM-5 PTSD symptom clusters and alcohol misuse among military veterans. *The American journal on addictions*, 27(1), 23-28.
- Weiss, E., & Coll, J. E. (2011). The influence of military culture and veteran worldviews on mental health treatment: Practice implications for combat veteran help-seeking and wellness. *International Journal of Health, Wellness & Society*, 1(2), 75-86.
- Weiss, N. H., Williams, D. C., & Connolly, K. M. (2015). A preliminary examination of negative affect, emotion dysregulation, and risky behaviors among military veterans in residential substance abuse treatment. *Military behavioral health*, 3(4), 212-218.
- Wenzel, S. L., Bakhtiar, L., Caskey, N. H., Hardie, E., Redford, C., Sadler, N., & Gelberg, L. (1995). Homeless veterans' utilization of medical, psychiatric, and substance abuse services. *Medical Care*.

Thank You!



For technical assistance questions, please contact
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Service Members, Veterans, and their
Families Technical Assistance Center

Community Health Network

James Kozloski, Veteran Care Coordinator

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Session 1: Military Culture and Identifying SMVF in Community Clinics

James Kozloski, Veteran Care Coordinator

Chrissy Waddups, CCBHC Project Director

Kayla Pritt, CCBHC Program Manager



Community
Health Network

Veteran Care Coordinator

The Veteran Care Coordinator (VCC) role was established 11/2023. This position started with targets of building partnerships within the community, staying connected with the veteran's administration and developing a veteran services brochure.

Veteran Care Coordinator (VCC) serves several counties :

- Howard and surrounding counties which includes, Tipton and Madison Counties
- Marion and surrounding counties which includes, Hancock, Johnson, Hendricks, and Hamilton

Identifying military-affiliated clients in community clinical settings

The CCBHC team prioritized our focus on veterans who are active clients in our mental health clinics, as well as working to identify veterans in need of behavioral health services that are not clients with a mental health clinic.

Where do referrals come from?

- Community Inpatient Hospital/Crisis via phone call or email
- Community partners such as housing initiatives or Work One
- Caregivers serving clients at our outpatient clinics
- Veterans Affairs

How are current clients identified at outpatient clinics?

- All new/existing clients who answer yes on the military questions on the RDO-ANSA/ CANS assessments are identified on the report.
- The Weekly Veterans Report is a report ran by the IT/ Analytics Department and sent to the VCC every Tuesday.
- The VCC reviews the Weekly Veterans Report and then contacts the primary caregiver of the active client, who identifies as having served in the military, to see if extra support is needed.

Resources to develop cultural responsiveness for military affiliated clients

- Foster cultural awareness in a psychosocial rehabilitation setting by assisting with planning events to include a "Veterans Day Program" and encouraging referrals for veterans.
- Attend Military Stand-Downs, which are Resource Fairs that each county has in the Community for Veterans and Family members of veterans.
- Attend Veteran Events such as the VA Roundtable at the International CIT Conference.
- Participate in Veterans specific events such as the Battlemind Conference hosted by Purdue University to coordinate with other Veterans Champions from across the state of Indiana.

All about COMPACT Act and SAVE training

- Develop relationships between Community Behavioral Health and the VA Compact Act and Suicide Prevention offices.
- Educate active clients who identified as having served in the military about the Compact Act and how to access its benefits.
- Partner with the VA Compact Office to provide the SAVE Training to clinical caregivers at Community Behavioral Health Clinics.
- Facilitate on-going meetings between the VA Compact Office and clinical caregivers at Community's inpatient hospitals and crisis centers, to develop best practices for VA reporting and treatment of veterans experiencing crisis's that involve suicidal ideations.

Observe how military culture training and identification is applied in select CCBHCs

- Relias training: "An Understanding of Military Culture for Behavioral Health Paraprofessionals"
 - Several Relias options – the VCC reviewed many trainings and picked the most beneficial for all CCBHC staff.
 - The chosen training focuses on military structure, correct military terms, and stigma with behavioral health in the military.
 - Leadership and the VCC stress the importance to not just clicking through the training but insert what is learned into our daily practice.
- SAVE training provided for CCBHC staff at the Community Behavioral Health Clinic in Kokomo
 - The VCC is also coordinating to provide this training to additional clinic sites and working to arrange this to be offered 1 to 2 times per year.
- Requested Presentations
 - The VCC creates and delivers program specific presentations when requested by directors and program managers. Topics include CCBHC veteran's services, referral process, and the COMPACT Act.
- Data Reporting for Outcome Based Care
 - The CCBHC tracks veteran's referrals, number of new clients who are veterans, and new or ongoing training opportunities for our caregivers.
 - The CCBHC communicates on progress, need, successes, and veteran's specific information in the Community Behavioral Health monthly newsletters.
 - Regular updates are provided to Community's leadership during monthly meetings.
 - Updates are provided to Community's Advisory Board.

Questions?



Upcoming Sessions

Date	Topic
April 3rd	Key Partnerships for SMVF Mental Health and Wellness
May 1st	Clinical Mental Health for the Military Affiliated Population



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National Training and Technical Assistance Center
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