

### Responding to the Invisible: Addressing Veteran Needs through Collaboration and Creativity

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#### **Introductions & Overview**

#### **About the Presenters**

- Todd Burkhardt, PhD
  - · Director of Campus Partnerships, Center for Rural Engagement
  - Retired, United States Army



- John M. Keesler, PhD, MSW
  - · Associate Professor, School of Social Work
  - · Faculty Affiliate, Center for Rural Engagement





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SECTION TITLE GOES HERE IF NECESSARY

#### **Overview**

- 1. Intro to the Military
- 2. Who are "Veterans"?
- 3. Invisible Wounds and Critical Challenges
- 4. Increasing Capacity to Respond
- 5. Presenters' Self-Reflections



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#### Mentimeter

1. When you think of Veteran what comes to mind?



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## Who makes up the Military?

#### **Military Components**

**Active Duty, National Guard, and Reserves** 

#### **Military Branches**

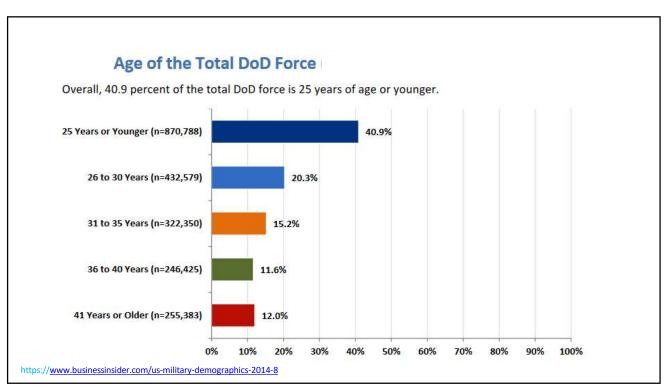
Army: 481,254
Navy: 341,996
Marines: 180,958
Air Force: 329,614
Coast Guard: 42,042
Space Force: 6,434

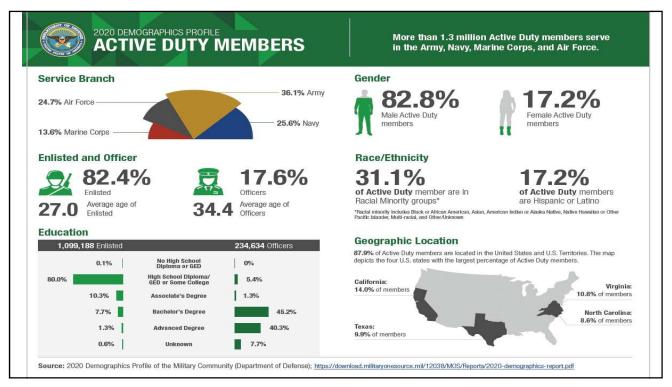
**Total Active-Duty forces: 1,347,106** 

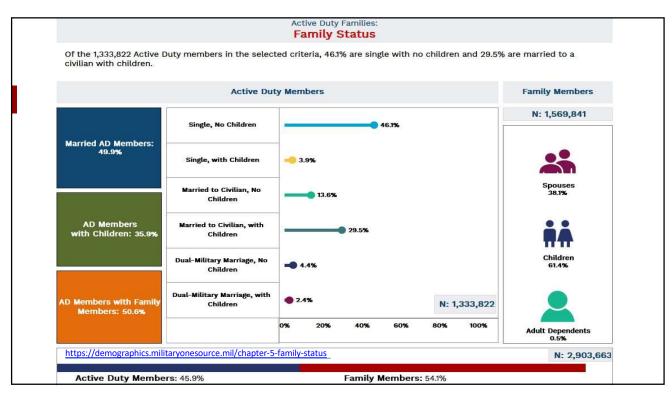
**Total National Guard & Reserves: 807,562** 



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#### **US Military = Microcosm of US**

• White, Black, Hispanic, Man, Woman, Transgender, Gay, Straight, Muslim, Jewish, Christian, Atheist, Liberal, Progressive, and Conservative.

	Indiana		United States	
Gender	N	Percentage	N	Percentage
Male	353,240	92.9%	16,611,283	91.1%
Female	27,450	7.2%	1,619,039	8.9%



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#### Mentimeter

1. What are some reasons that people join the military?



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#### Why do people join the military?

- 1. College Money
- 2. Escape Hometown
- 3. Provides Opportunities
- 4. Specialized Training
- 5. Health Insurance
- 6. Path to Citizenship
- 7. Travel & Adventure
- 8. Patriotism/Defend Country



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#### **Military Processes**

- 1. Enlisting/Basic Training Indoctrination of Military Culture (next slide)
- 2. Preparation for Deployment
- 3. Reintegration to Civilian Life





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#### **Military Culture**

- 1. Hierarchical
- 2. Depersonalization: unit identity/self-identity
- 3. High degree of conformity
- 4. Loss of independence
- 5. Mission oriented: Task and Purpose Suck it up and Drive on
- 6. Medals, and Commendations, and Ribbons
- 7. Using fire and maneuver to close with and destroy the enemy



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#### **Intentional Reflection**

- 1. Cultural Humility and Social Work Practice
- 2. Culture and Identity
- 3. Differences between Civilian and Military Culture





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# Who are Veterans?

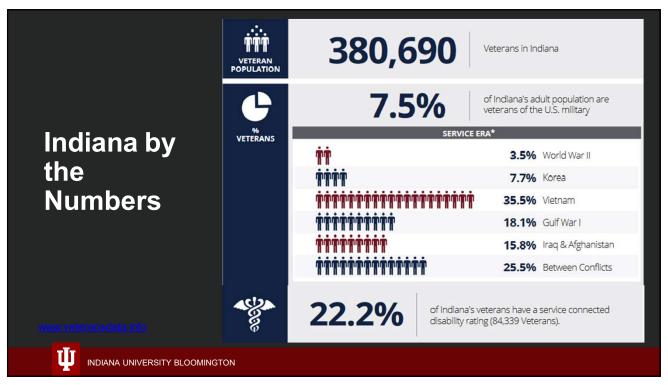
#### **Defining Veteran**

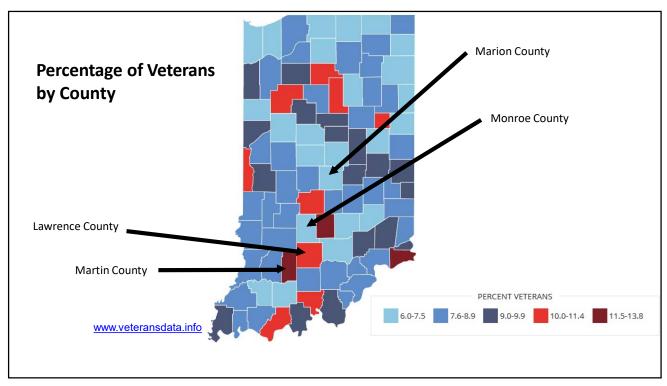
- "Veteran" a person who served in the active military, naval, or air service, and who was discharged or released there from under conditions other than dishonorable.
  - This includes Reservists and National Guard members who:
    - were called to Federal active duty or disabled from a disease or injury incurred or aggravated in line of duty or while in training status.
    - served ≥ 20 years (Previously, Reserve/ Guard members were considered veterans only if they served ≥ 180 days in a federal status outside of training.
- Military-connected population = SMVF



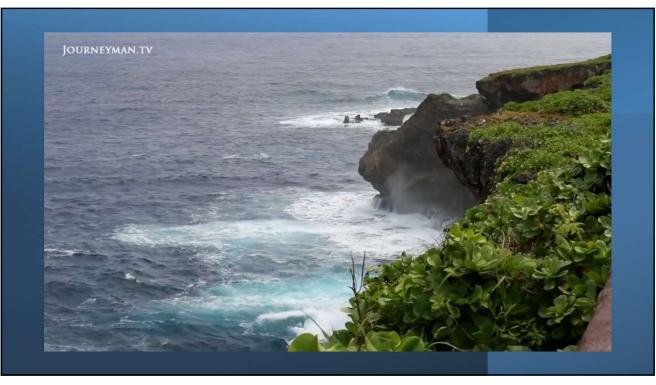
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#### Risks to Veteran Health & Wellbeing

- 1. Environmental / Hazardous Exposure (e.g., Agent Orange)
- 2. Chronic Pain / Musculoskeletal Injuries
- 3. Depression and Anxiety
- 4. Substance Use Disorder
- 5. Traumatic Brain Injury
- 6. Survivor's Guilt / Moral Injury
- 7. Sexual Trauma / Post Traumatic Stress Disorder
- 8. Suicide
- 9. Isolation / Homelessness

- 17-22 veterans die by suicide each day in the US
- Rural veterans are 20% more likely to die by suicide than urban/suburban veterans.
- 4x as many US service members and veterans have died by suicide (30,000) than have been killed in both Iraq and Afghanistan Wars



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#### **Grief and Loss**

- Sources of grief:
  - Death of comrade in battle
  - Closeness had with service members
  - Loss of Identity (e.g., transition in/out)
  - Loss of physical ability (e.g., disability/TBI acquired during service, etc.)
  - Mental health (e.g., PTSD, loss of sense of safety)



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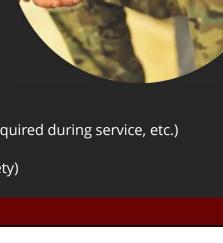
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#### Survivor's Guilt

- A response to an event in which someone suffered loss but you didn't
  - · Loss of life, property, health...
- When you get through a traumatic event unscathed while others suffer, you have one question on repeat: "Why (not) me?"
  - · Feel undeserving of being spared when others suffered
  - · Feel responsible for what happened
    - Asking self "what could I have done differently?"



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#### **Moral Injury**

"Losing your sense of who you are as a good person... something you can't make meaning of, you cannot take it in, and it wrecks your sense of the world"

- Distressing psychological, behavioral, social, and/or spiritual aftermath (e.g., guilt, shame, disgust, and anger) of exposure to highly stressful events
- Can occur in response to acting or witnessing behaviors that go against an individual's values and moral beliefs.
- Examples in the context of war include:
  - killing or harming others
  - · when officers must make decisions that affect the survival of others
  - failing to perform a duty during a dangerous or traumatic event
  - failing to report an event that violates rules or ethics,
  - engaging in/witnessing acts of violence and feeling nothing or exhilaration

Assessment tools: Moral Injury Questionnaire, Moral Injury Events Scale, and Expression of Moral Injury Scale



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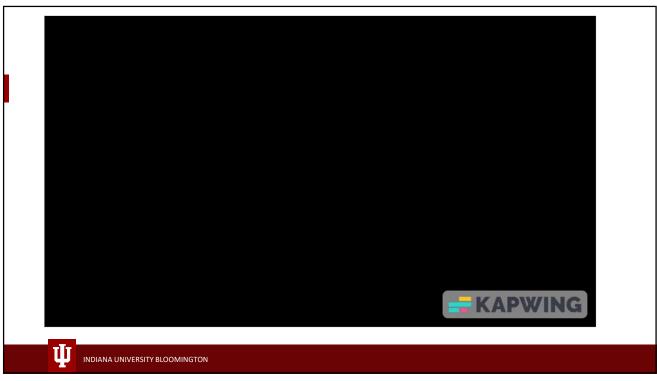
#### Military Sexual Trauma

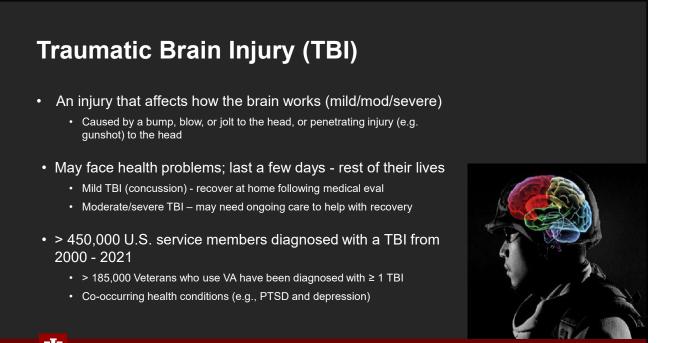


- · Sexual assault/harassment during military service
  - Being pressured into sexual acts (e.g., threats if you refuse/promises in exchange for sex)
  - · Sexual contact without your consent, including when asleep/intoxicated
  - Being overpowered / physically forced to have sex
  - Being touched in a sexual way that made you uncomfortable (e.g., hazing)
  - · Comments about your body/sexual acts that you found threatening
  - Unwanted sexual advances that you found threatening



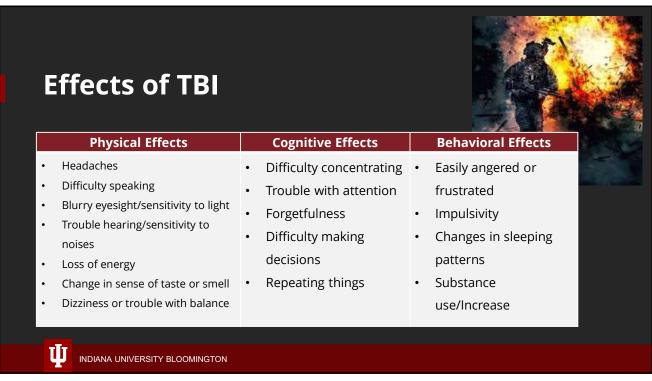
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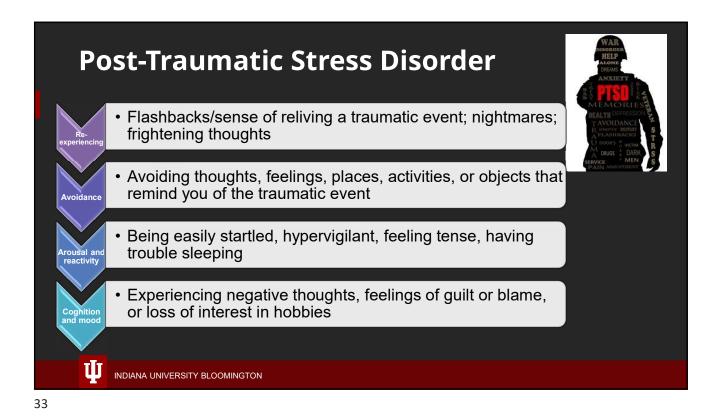


#### **Post-Traumatic Stress Disorder**

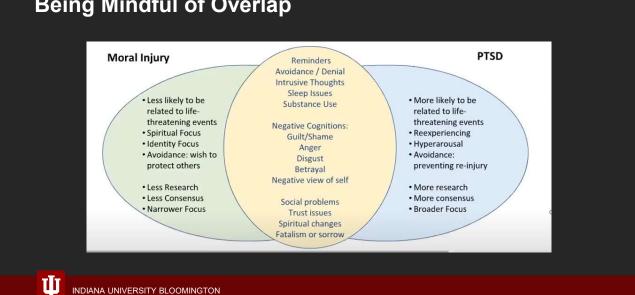
- Between 11 20% of Veterans experience PTSD (depending on war/service area)
  - Exposure to one or more traumatic event(s)
    - Involved death or threatened death, actual or threatened serious injury, or actual or threatened sexual violence.
  - Experiencing the event could be direct or indirect
    - Witnessing the event as it occurred to someone else
    - Learning about an event where a close friend/relative experienced an actual or threatened violent or accidental death
    - Having repeated exposure to distressing details of an even



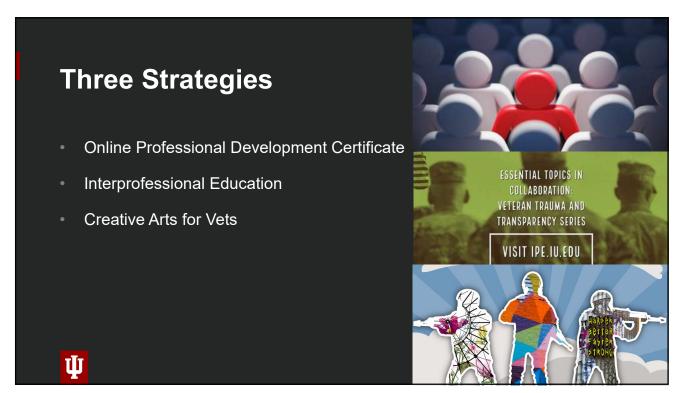
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Being Mindful of Overlap







#### Online Professional Development Certificate:

#### **Trauma-Informed Care**

- Collaboration between CRE, SSW, & SPH for frontline workforce development
- Why?
  - · Increased interest in the topic
  - · Barriers to trainings

SAMHSA's Concept of TIC						
3 E's of Trauma 1. Events 2. Experience 3. Effects	4 R's Key Assumptions 1. Realization 2. Recognize 3. Responds 4. Resist Retraumatization	6 Key Principles  1. Safety  2. Trustworthiness and Transparency  3. Peer Support  4. Collaboration and Mutuality  5. Empowerment, Voice, and Choice  6. Cultural, Historical, and Gender Issues	10 Implementation Domains 1. Governance and Leadership 2. Policy 3. Physical Environment 4. Engagement and Involvement 5. Cross Sector Collaboration 6. Screening, Assessment, and Treatment Services 7. Training and Workforce Development 8. Progress Monitoring and Quality Assurance 9. Financing 10. Evaluation			



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#### Online Professional Development Certificate:

#### **Trauma-Informed Care**

- 4-hour foundational content + 2-hour specialty modules
  - · Veterans, Youth, IDD, Justice-Involved
- Lectures, animated videos, knowledge checks, etc.
  - ~ 20 experts, practitioners, and individuals with lived experiences
- Free, self-paced, online, CEUs, certificate of completion



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#### Trauma-Informed Care Foundation Course

- Understand TIC as a universal precaution grounded in a human rights perspective.
- Define and differentiate stress, trauma, ACEs, and PTSD
- Explore the neurobiological impact of stress and trauma.
- 5 principles (safety, trustworthiness, choice, collaboration, and empowerment)
- Differentiate trauma-informed and trauma-specific treatment.
- Evidence behind TIC (Implications for service providers and service recipients).
- Practical strategies for integrating TIC as a practitioner/organization.
- Use self-care to combat secondary traumatic stress and promote resilience.
- Identify unique challenges for rural communities



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#### Interprofessional Education Series:

#### **Veteran Trauma and Transparency**

- "the act of being trained to work with professions outside your area of study"
- Indiana University Interprofessional Practice and Education Center
  - "building a community of people who learn and work together to address Indiana's health priorities. We strive to improve Hoosiers' lives through interprofessional education, collaboration, and teamwork."
    - Butler U, Purdue U, Ball State U, Manchester U, St. Mary of the Woods College, U of Evansville, and U of St. Francis





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#### **Veteran Trauma and Transparency**

- 4-part certificate series to increase awareness and knowledge of military culture and experiences for future service providers to improve quality of care, assistance, and interaction with veterans.
- It is a development series; each workshop builds off the other. It was designed for students to attend all four workshops in order to maximize learning.
- · Content and exposure to personal stories
- Completion of all 4 workshops = certificate of completion from the Interprofessional Practice and Education Center.



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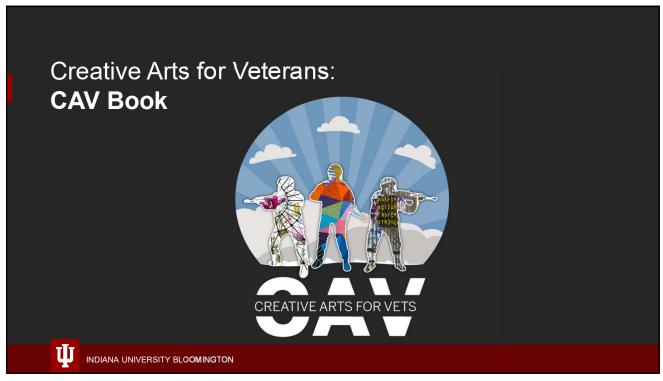
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#### **Veteran Trauma and Transparency**

- The Military Lens: Understanding the Culture and Veteran Population
  - Human Rights Foundational Perspective, Why Veterans?, Veteran Demographics, Military Culture and Law of War
- In Times of Service: Invisible Injuries and Wounds of Combat
  - Moral Injury, Survivor's Guilt, Military Sexual Trauma, Post Traumatic Stress Disorder, and Traumatic Brain Injury
- Finding Self Post-Service: Challenges and Coping as a Civilian
  - Reintegration, Unemployment, Substance Use Disorder, Suicide, and Homelessness
- Do No Harm: Treatment and Intervention Resources to Promote Wellbeing
  - TIC, Veteran Treatment Court, Equine Assisted Therapy, Creative Arts for Veterans (CAV), and Community Partners



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#### **Creative Arts for Veterans**

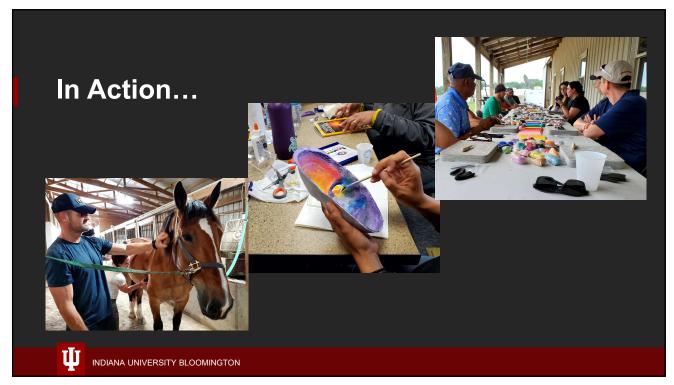


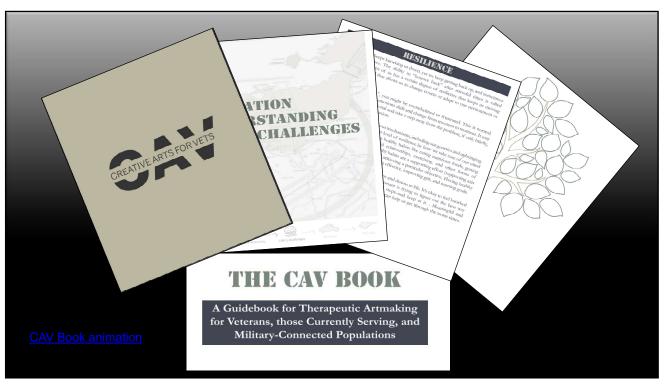
- Aim to support veterans, service members, and military-connected populations of all ages and abilities through arts-based approaches
- To promote connectedness and improve mental health and wellbeing
- Collaborate with veterans, service members. military-connected populations, community organizations, and the Indiana Department of Veteran Affairs
- To develop unique experiences that fit the needs and interests present in specific communities

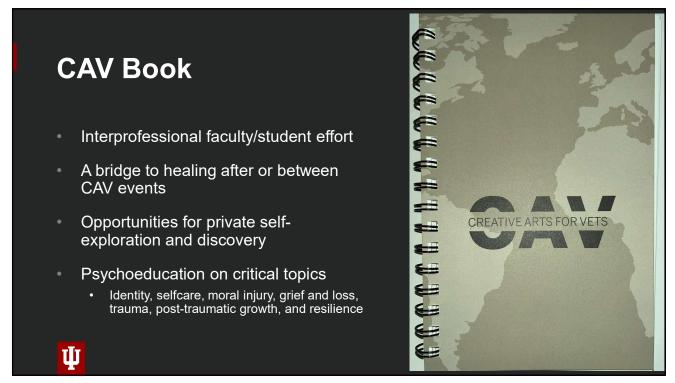


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#### More about the CAV Book

- Research shows that using arts-based wellness can reduce symptoms related to isolation, anxiety, depression, post traumatic stress disorder, military sexual trauma, and suicidal ideation.
- Using arts-based wellness can improve communication and interpersonal relations.
   Veterans can use this guidebook in the comfort and security of their home, while traveling, in a shelter, or while incarcerated.
- Each CAV Book comes with an art kit: watercolor pencils, paintbrush, charcoal pencils, pencil sharpener, and oil pastels.
- CAV Books are free to veterans, spouses of veterans, those currently serving, and service providers



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#### **Presenters' Self-Reflection**

#### Presenters' Self-Reflection:

#### Intentional vs. Organic Collaboration

- Looking back on the process
- "in a way that is natural and continuous"
- Informal discussion to ideas to co-production
- Leveraging Assets
- Faculty, Staff, Students, Interprofessional





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