



HEALTHY MINDS  
STRONG COMMUNITIES

# Clinical Mental Health for the Military Affiliated Populations

*May 1, 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

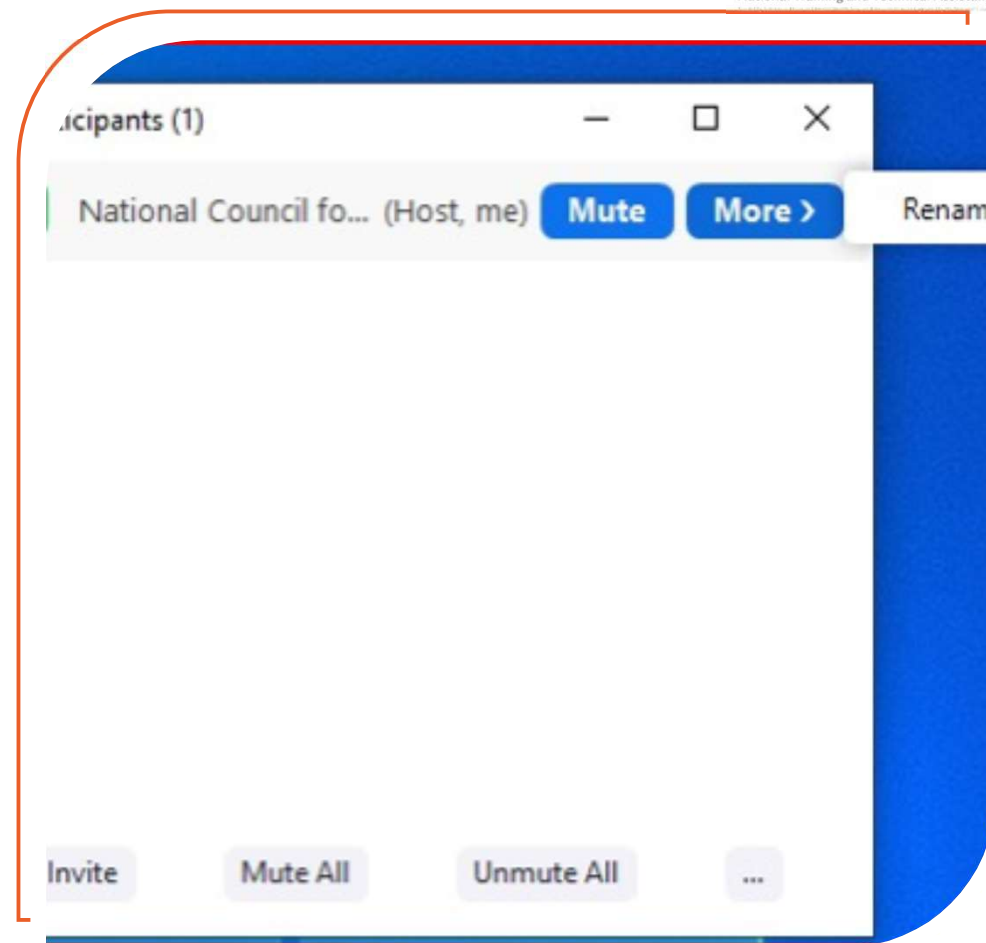
*This session was made possible by Grant Number 1H79SM085856 from the U.S. Department of Health and Human Services (HHS). Its contents are solely the responsibility of the authors and do not necessarily represent the official views, opinions, or policies of HHS.*



*The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.*

# Logistics

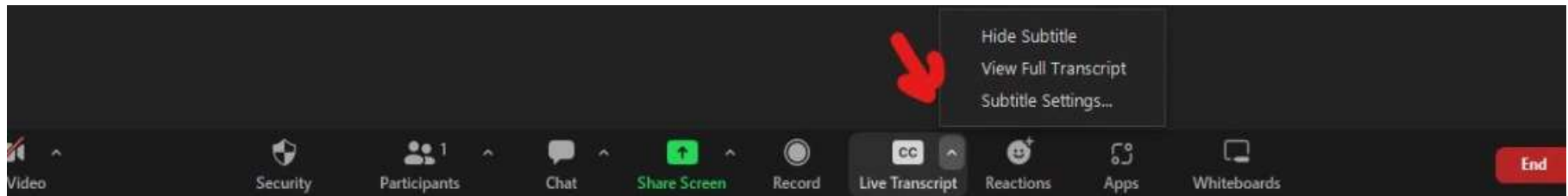
- Please rename yourself so your name includes your organization
  - *For example:*
    - **Blaire Thomas, National Council**
  - *To rename yourself:*
    - Click on the **Participants** icon at the bottom of the screen
    - Find your name and hover your mouse over it
    - Click **Rename**
- If you are having any issues, please send a Zoom chat message to **Danielle Foster, National Council**



The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.

# How to Enable Closed Captions (Live Transcript)

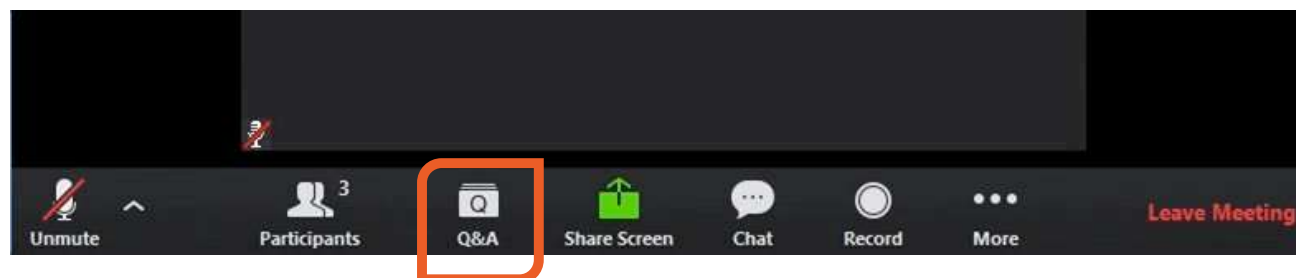
Next to “Live Transcript,” click the arrow button for options on closed captioning and live transcript.



*The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.*



# How to use the Q&A feature



*The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.*

# NTTAC Learning & Action Series Team



**Clement Nsiah**  
Project Director



**Blaire Thomas, MA**  
Sr. Project Manager



**Danielle Foster, LMSW**  
Project Coordinator



# SMVF Learning & Action Series Team



**Jasher Blocker Harris, M.A.**  
Senior Project Associate, SAMHSA's  
SMVF TA Center, PRA



**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

NATIONAL COUNCIL  
for Mental Wellbeing

# Session Presenters



**Duane K.L. France, M.B.A.,  
LPC**  
Co-Director, SAMHSA's  
SMVF TA Center, PRA.



**Kathy Broniarczyk, M. Ed.**  
Senior Director, Outreach  
and Operations, Military  
Family Research Institute at  
Purdue University



**Blair McKissock, PhD,  
CTRS, CTRE-ES, E-RYT**  
Senior Community  
Outreach Specialist ,  
Military Family Research  
Institute at Purdue  
University



**James Kozloski**  
Veteran Care Coordinator,  
Community Health Network



**Chrissy Waddups, LCSW**  
CCBHC Project Director,  
Community Health Network



**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

NATIONAL COUNCIL  
for Mental Wellbeing

# Learning Series Curriculum

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



*The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.*

# Learning Objectives



- Understand the unique clinical, behavioral, and social needs of the military affiliated population
- Learn about options for provider training for the military affiliated population
- Learn how select CCBHCs have implemented clinical care programs for SMVF



*The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.*

# Today

- Welcome
- Policy Research Associates, Inc.
- Military Family Research Institute at Purdue University
- Community Health Network CCBHC
- Questions?

# Policy Research Associates, Inc.

*Duane K.L France, M.A., M.B.A., LPC*  
*Co-Director, SAMHSAs SMVF TA Center, PRA*



**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

NATIONAL COUNCIL  
for Mental Wellbeing



# Clinical Considerations and Life Circumstances for SMVF



**Duane K. L. France, M.A., M.B.A., LPC**

Co-Director, Substance Abuse and Mental Health Services Administration's (SAMHSA) Service Members, Veterans and their Families Technical Assistance Center, SMVF TA Center, Policy Research Associates (PRA)



**SAMHSA ★ SMVF TA CENTER**

Service Members, Veterans, and their  
Families Technical Assistance Center

# Clinical Considerations and Life Circumstances that impact SMVF Mental Health and Wellness



## Bio-Psycho-Social Conditions

Clinical diagnoses, neurological conditions, psychological constructs and social factors related to mental health and wellness in SMVF

## Life Circumstances

Situational factors and circumstances that impact mental health and wellbeing in SMVF, but are non-clinical in nature

## Clinical Considerations and Life Circumstances that impact SMVF Mental Health and Wellness (continued)



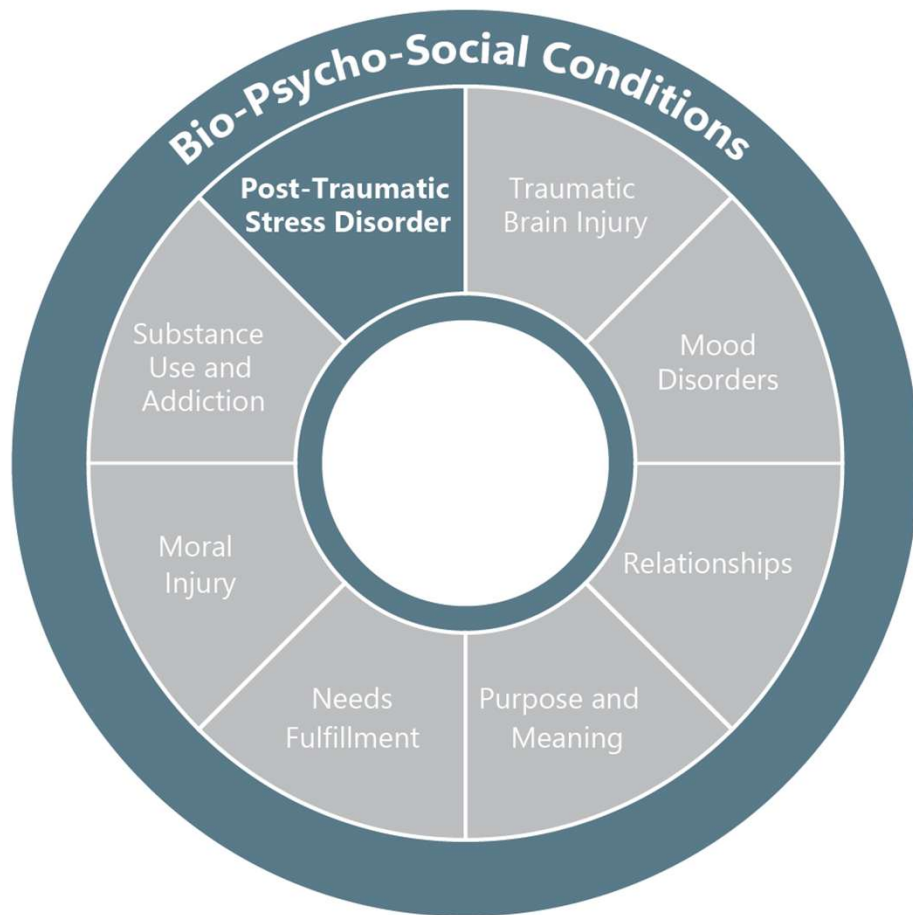
According to the National Health and Resilience in Veterans study (Fogle et al., 2020), a meta-analysis of over 80 studies found that “collectively, results of these studies suggest that although a significant minority of veterans screen positive for mental disorders, **the majority are psychologically resilient.**”

Not all SMVF, or even most, experience challenges with the conditions that will be discussed during this section of the presentation, and likely very few will experience all of them. This comprehensive framework is presented to provide a conceptual model of possible conditions experienced by SMVF, but is not meant to pathologize military service or imply that SMVF are universally impaired or impacted by that service



**SAMHSA ★ SMVF TA CENTER**  
Service Members, Veterans, and their  
Families Technical Assistance Center



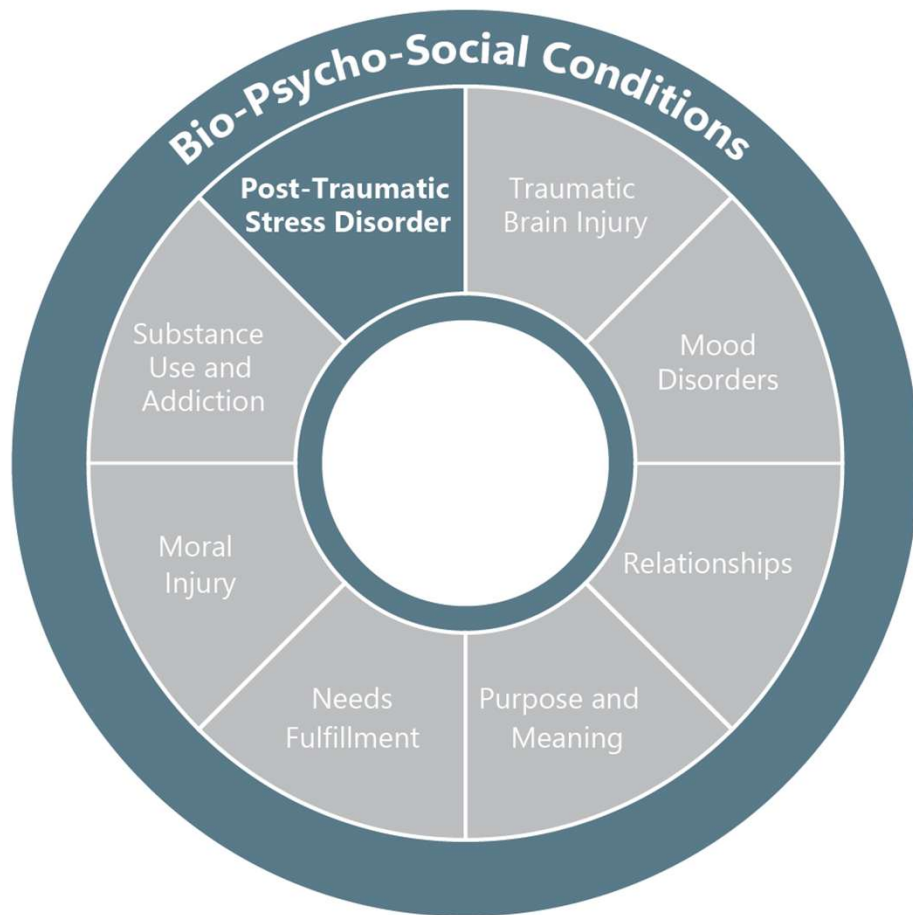


## OVERVIEW



Post Traumatic Stress Disorder (PTSD) is classified in the (DSM-5) as an anxiety disorder which can occur after someone experiences a life-threatening traumatic event.

- Exposure to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence
- Traumatic event is persistently re-experienced
- Avoidance of trauma-related stimuli
- Negative thoughts or feelings that began or worsened after the trauma
- Trauma-related arousal and reactivity
- Symptoms longer than one month
- Creates distress or functional impairment
- Not due to medication, substance use, or illness



# INTERVENTIONS / APPROACHES

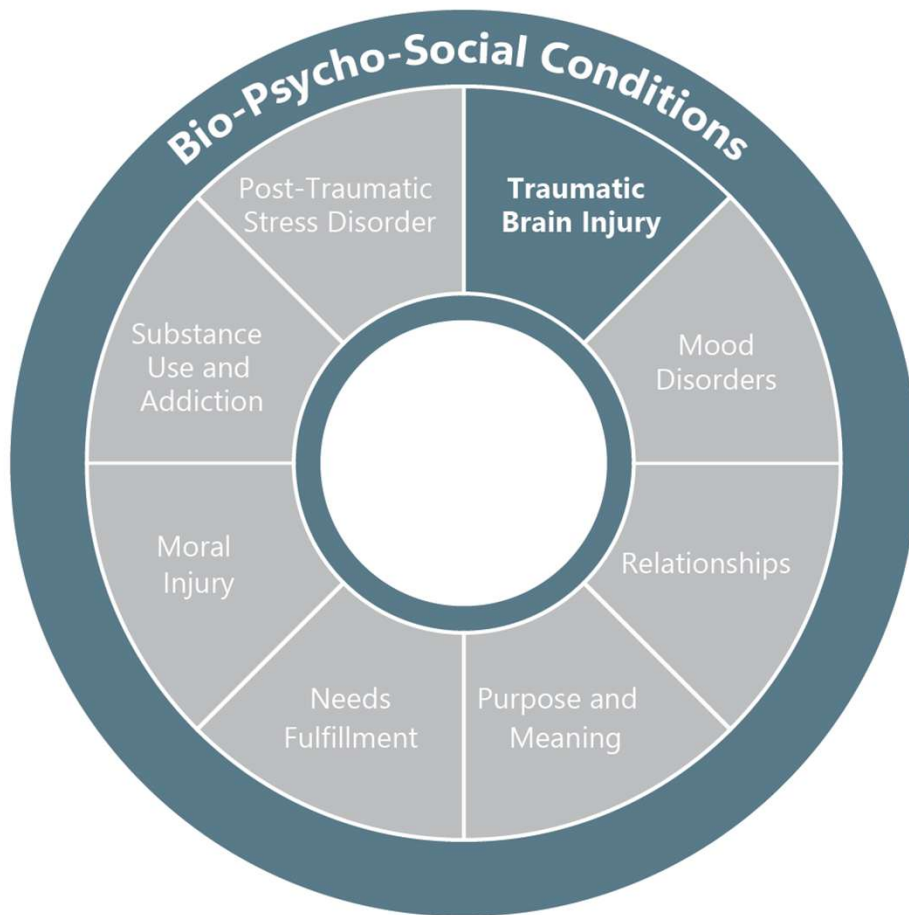


## Assessments

- PTSD Checklist for DSM-5 (PCL-5)
- Clinician-Administered PTSD Scale for DSM-5 (CAPS-5).

## Interventions

- Prolonged Exposure Therapy (PE)
- Cognitive Processing Therapy (CPT)
- Eye Movement Desensitization and Reprocessing (EMDR)



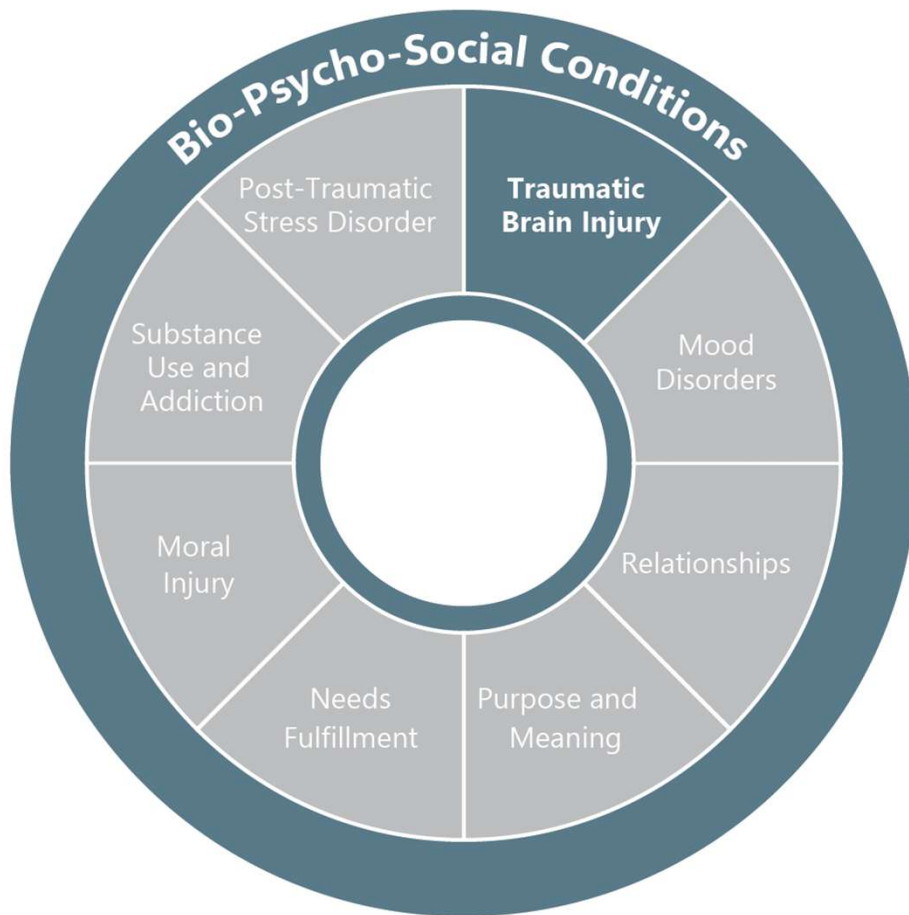
## OVERVIEW



Traumatic Brain Injury (TBI) is defined by the CDC to be “a disruption in the normal function of the brain that can be caused by a bump, blow, or jolt to the head or penetrating head injury.” Falls and vehicular accidents are the most common causes of TBI, although other military-specific conditions such exposure to blasts and explosions are also causes.

As survivability increases and mortality decreases, the danger of catastrophic injury, including TBI, also increases. Improvements in medical treatments, response times, and equipment correspond with more instances of TBI in SMVF





# INTERVENTIONS / APPROACHES



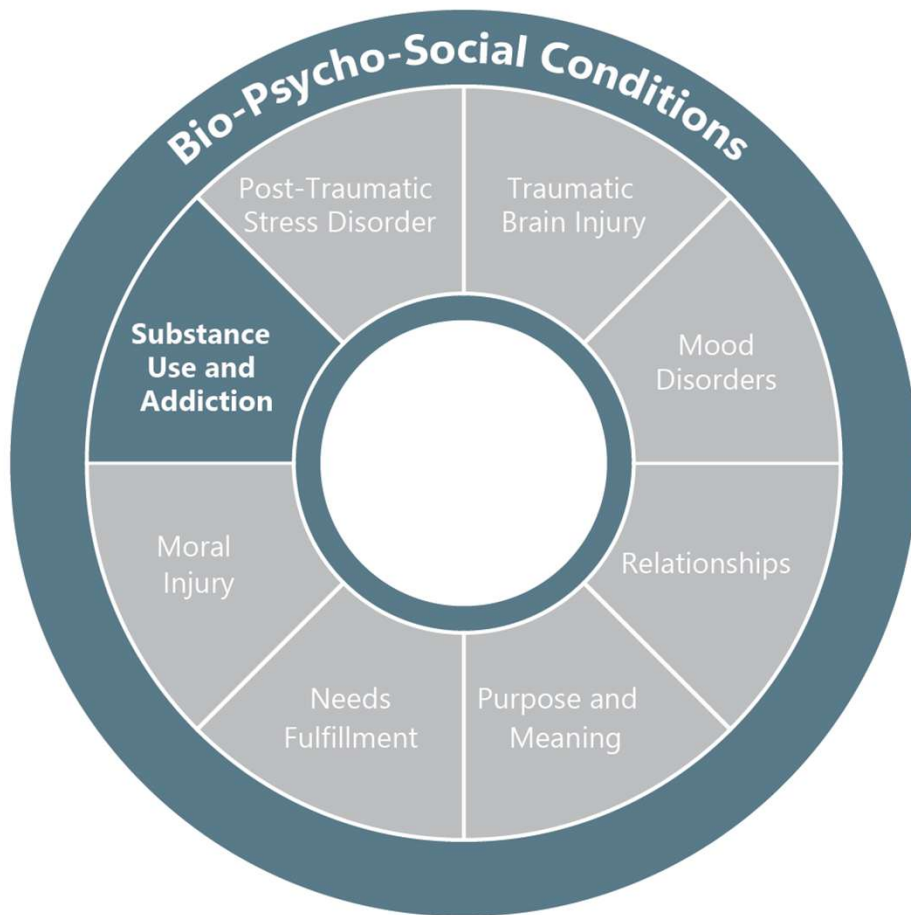
## Assessments:

- Checklist to Assess for and Manage Mild Traumatic Brain Injury (mTBI) and Concussion
- Brain Injury Screening Questionnaire (BISQ)

## Interventions:

- Neurological rehabilitation
- Brain Injury treatment centers



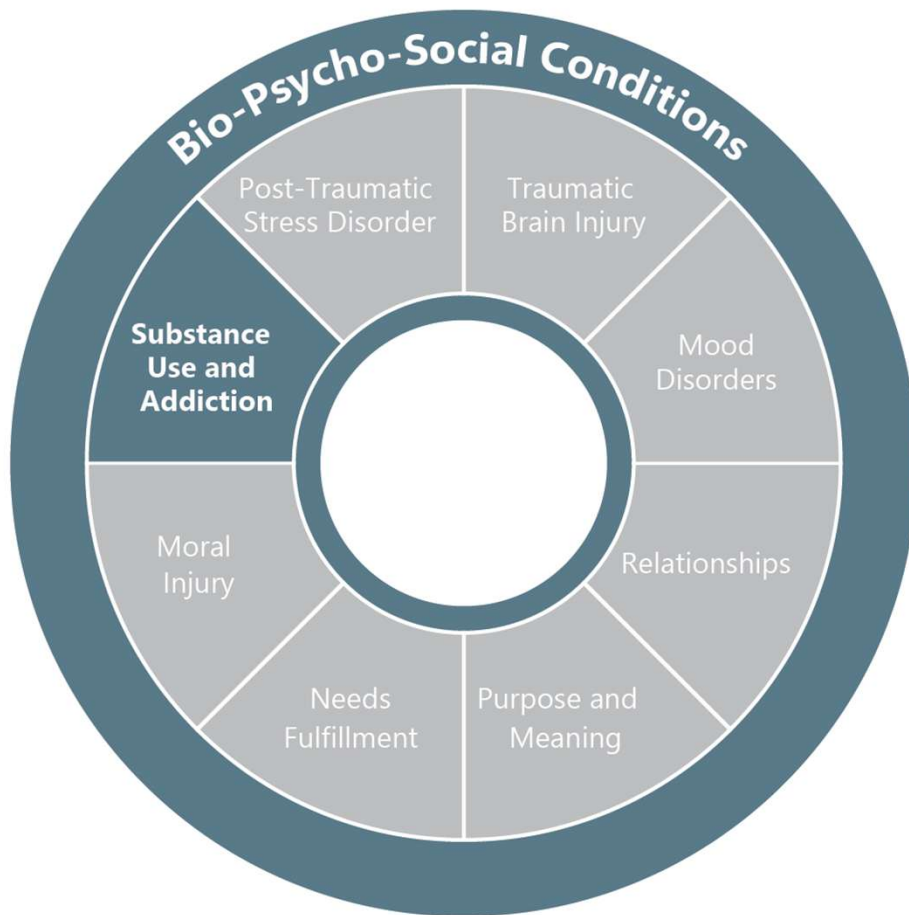


## OVERVIEW



The 2019 NSDUH found 1.3 million Veterans (6.2%) had an SUD and among those with an SUD, 26.9% struggled with illicit drugs, 80.8% with alcohol use, and 7.7% with both illicit drugs and alcohol (SAMHSA, 2019)

Alcohol misuse is a major concern in the DoD. Not only are active-duty Service Members drawn from the heaviest drinking U.S. demographic both by sex and by age group, but binge drinking and heavy drinking occur at higher rates among those in uniform compared to their civilian counterparts. (Meadows et al., 2021)



# INTERVENTIONS / APPROACHES

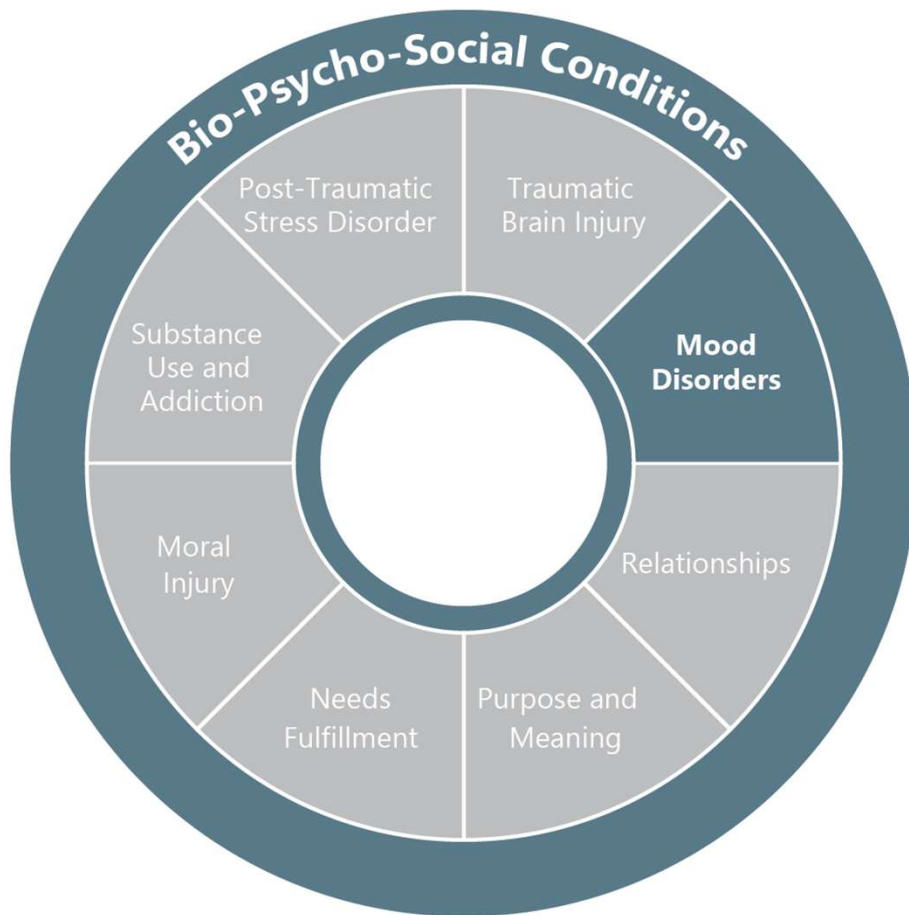


## Assessments:

- Alcohol Use Disorders Identification Test-Consumption (AUDIT-C)
- Screening to Brief Intervention (S2BI)

## Interventions:

- Cognitive Behavioral Therapy
- Contingency Management / Motivational Incentives
- 12-Step Facilitation

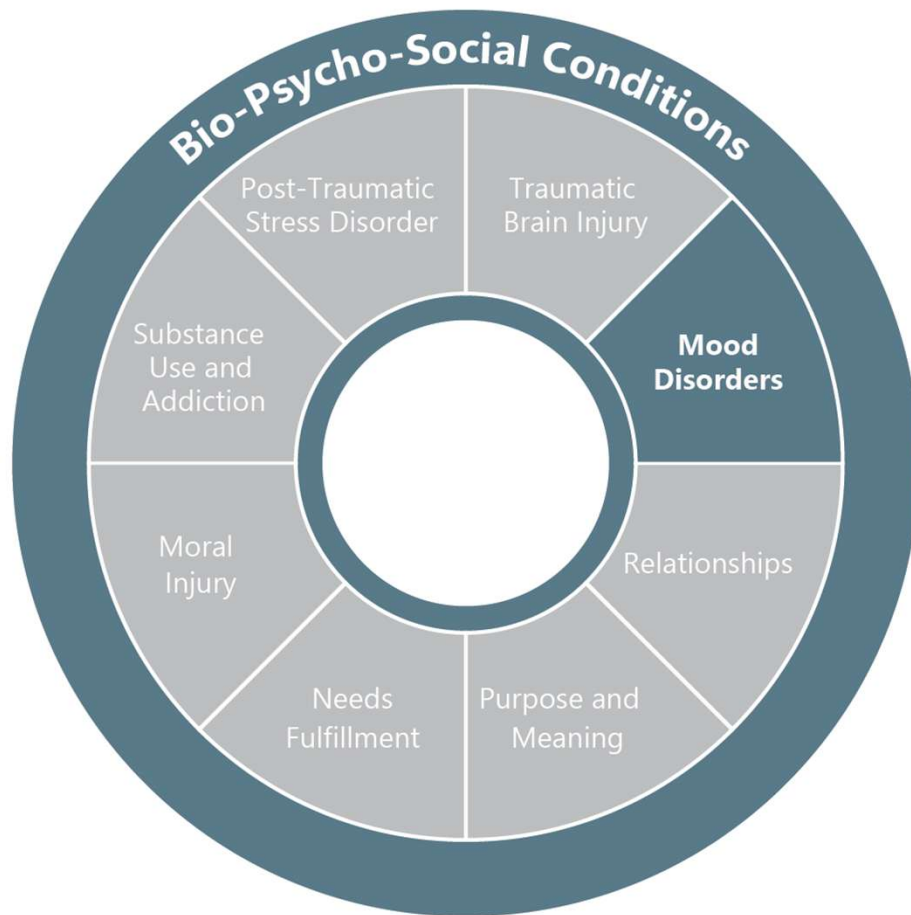


## OVERVIEW



The development of mood and emotion-related disorders in SMVF has a broad range of causes: genetics, Adverse Childhood Experiences (ACEs), exposure to trauma, clinical diagnosis prior to military service, and history of substance use are possible contributing factors.

Experiences during military service can also generate or exacerbate these conditions, with Anger, Anxiety and Depression common diagnoses seen with SMVF. These experiences may include exposure to combat and other traumatic experiences, but also non-combat related experiences such as harassment, separation from family, and other military-related occupational stressors



# INTERVENTIONS / APPROACHES

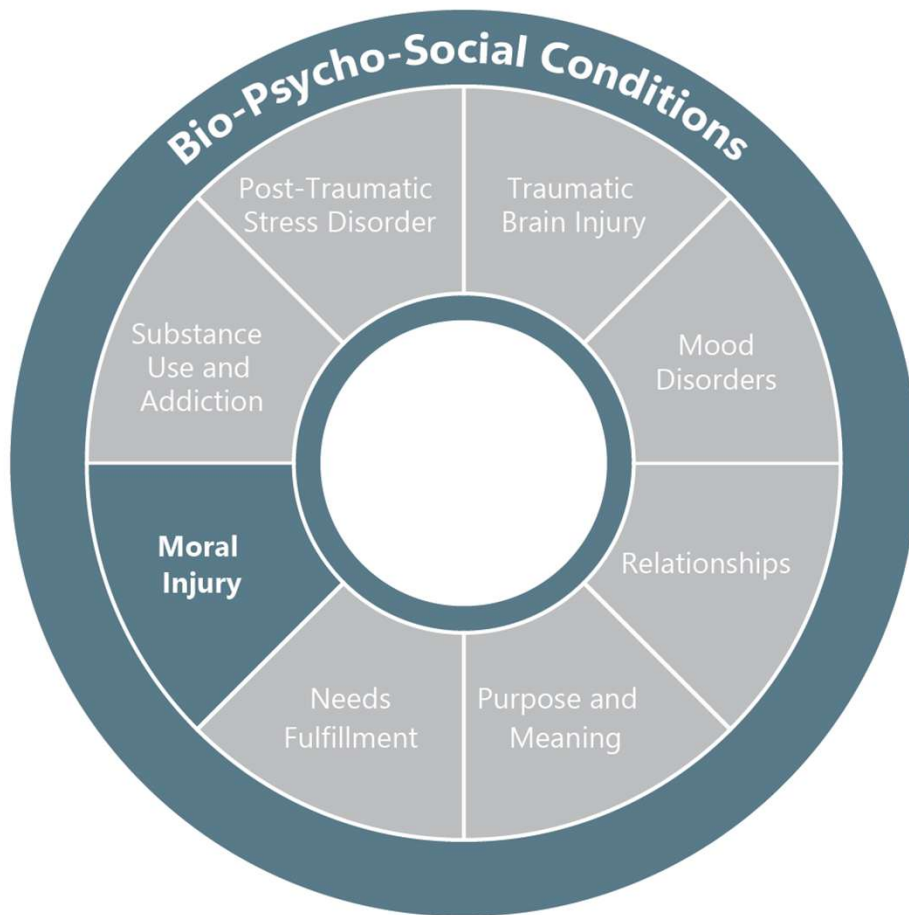


## Assessments:

- Patient Health Questionnaire (PHQ-9 and PHQ-2)
- Generalized Anxiety Disorder Scale (GAD-7)

## Interventions:

- Cognitive Behavioral Therapy
- Dialectical Behavior Therapy
- Medication-Assisted Therapy
- Transcranial Magnetic Stimulation



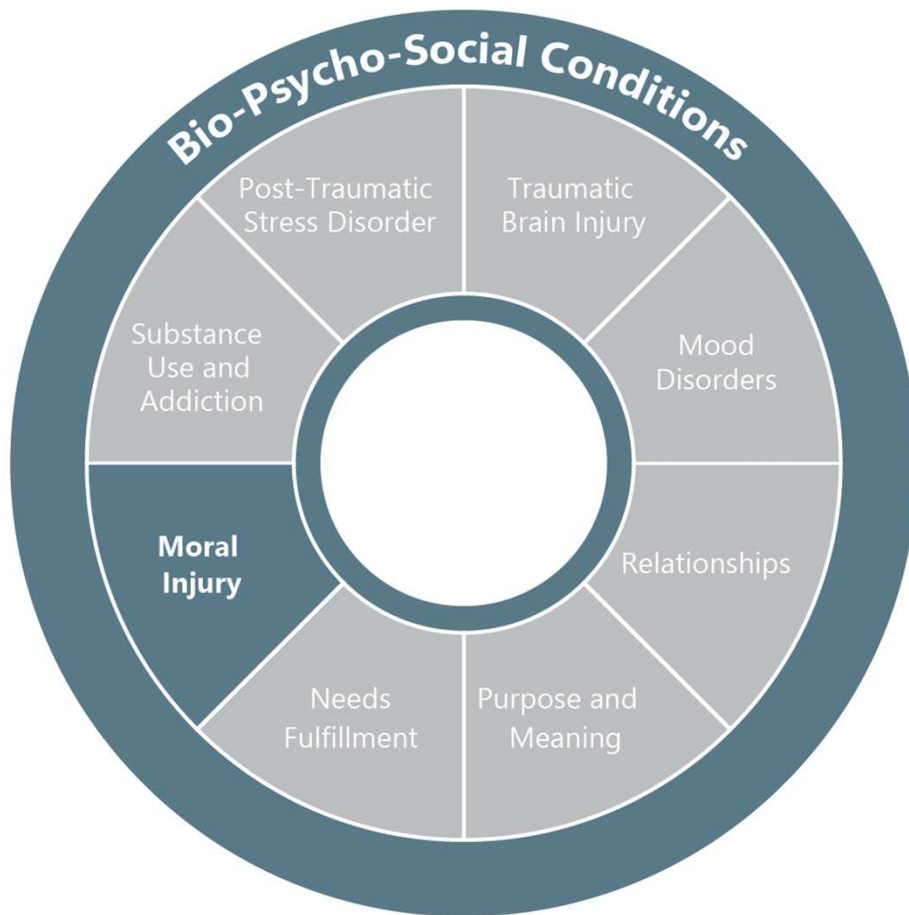
## OVERVIEW



Moral Injury has been 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; Maguen & Litz, 2012)

First developed as a concept by Jonathan Shay (1994) to describe patterns of maladaptive thoughts and self-referential descriptions in Vietnam Veterans, the patterns of shame and guilt related to actions taken or not taken when faced with traumatic events has been seen in military literature and correspondence as far back as the Greek playwright Euripides in 416 BCE.





# INTERVENTIONS / APPROACHES



## Assessments:

- Moral Injury and Distress Scale (MIDS)
- Expressions of Moral Injury Scale – Military Version (EMIS-M)
- Moral Injury Questionnaire – Military Version (MIQ-M)

## Interventions:

- Acceptance and Commitment Therapy (ACT)
- Adaptive Disclosure
- Impact of Killing (IoK)

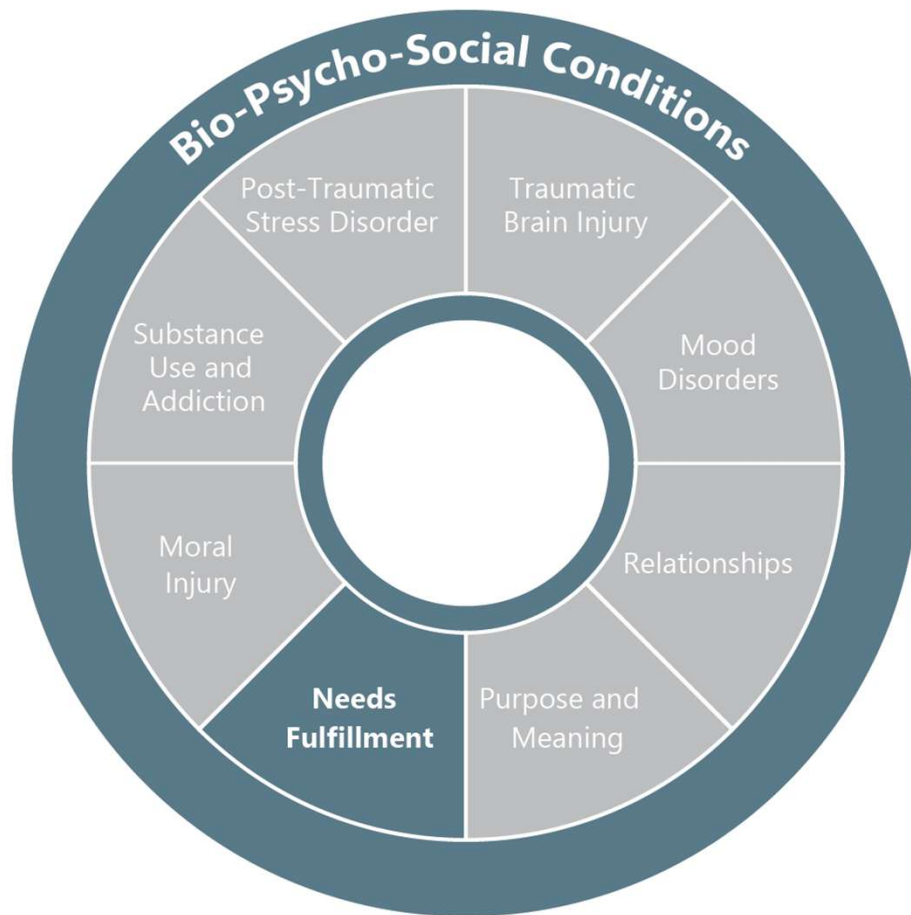


## OVERVIEW



Some SMVF experience distress and discomfort related to the adjustment required as they transition from the highly regimented, communal, and significantly resourced military community to the less defined, individualistic, and less clearly resourced life they experience after the military (Stebnicki, 2020; Castro et al., 2015).

The basic needs of the human condition must be met both during military service and after military service; however, the manner in which those needs are met are different and require adjustment and adaptation



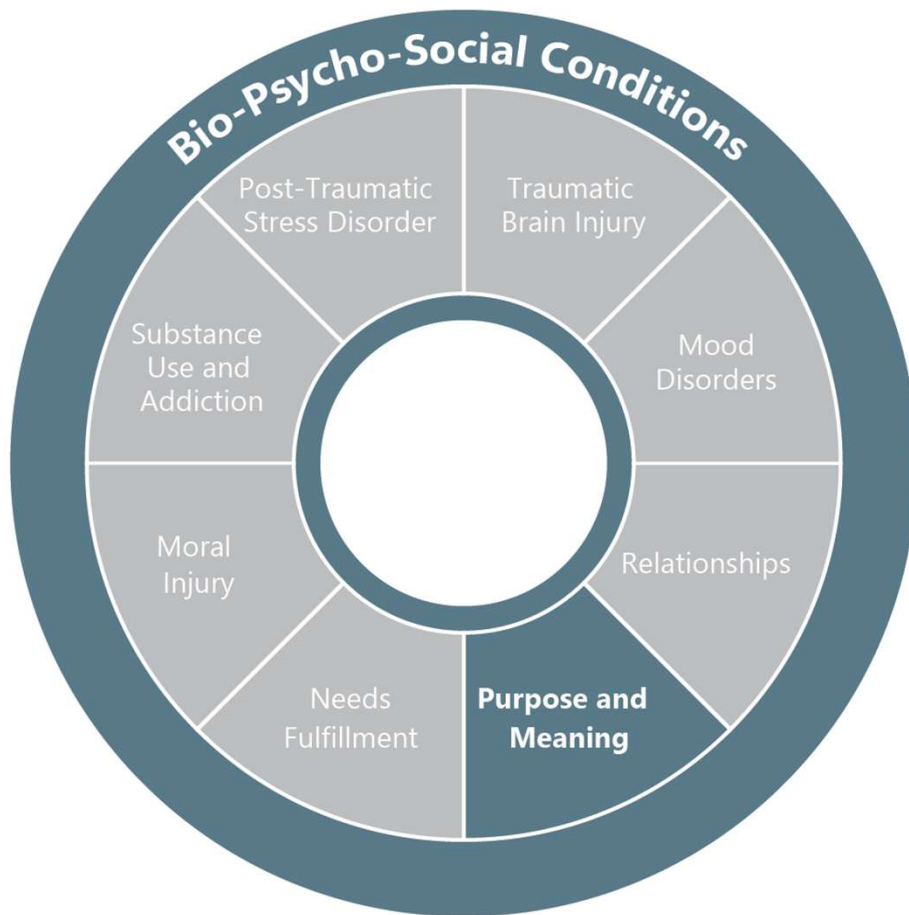
# INTERVENTIONS / APPROACHES



## Interventions:

- Cognitive Behavioral Therapy (CBT)
- Solution Focused Brief Therapy (SFBT)
- Dialectical Behavior Therapy (DBT)
- Mindfulness Based Interventions





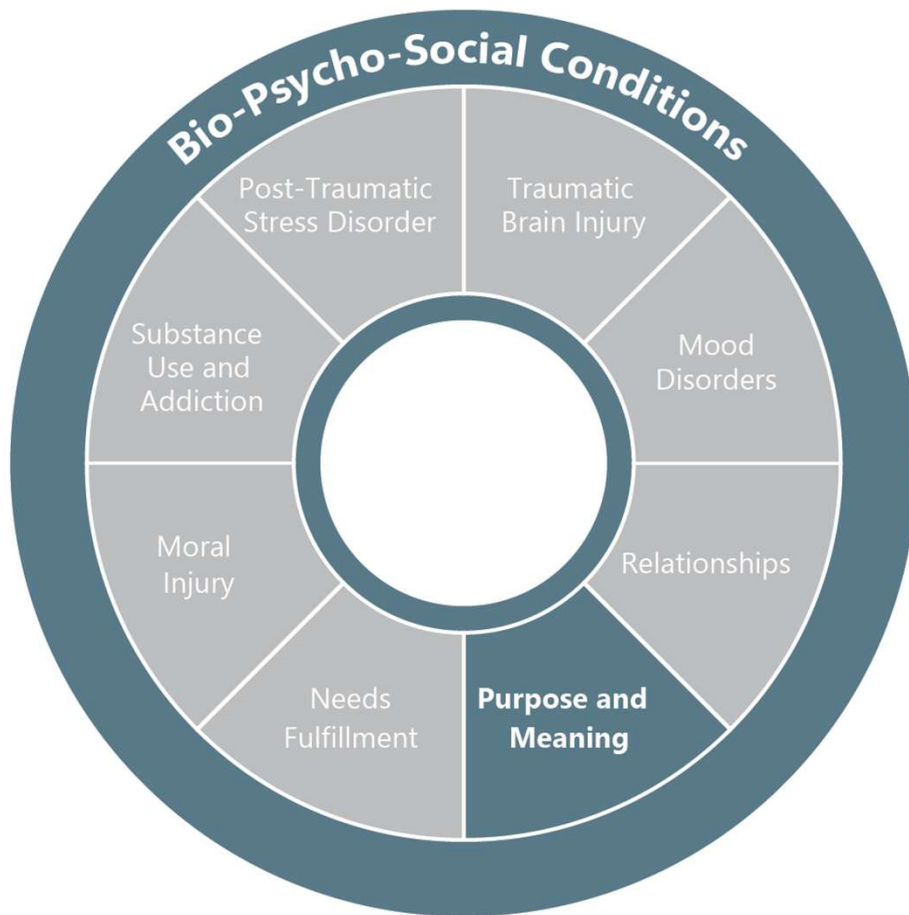
## OVERVIEW



The satisfaction and sense of purpose that many SMVF experience because of their military service is one of the reasons that many develop strong connections to their own experiences, as well strong bonds with others who served in the military.

Yalom (1980) identified that people are “extraordinarily comforted by the belief that there is some coherent pattern to life and that each individual has some particular role to play in that design”

The presence of a clear goal, a role to play in achieving that goal, and guidelines for living are deeply meaningful and provide a strong sense of satisfaction.



# INTERVENTIONS / APPROACHES

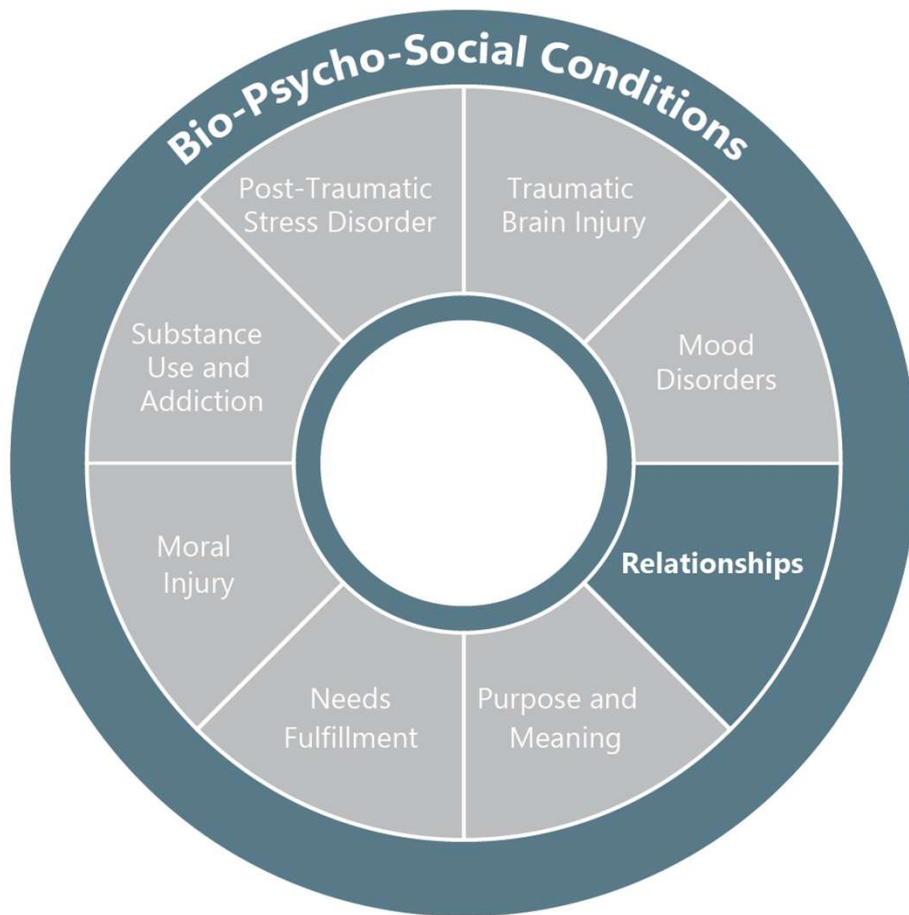


## Assessments:

- Meaning in Life Questionnaire
- Satisfaction with Life Scale (SWLS)

## Interventions:

- Existential Therapy
- Humanistic modalities
- Group Therapy
- Peer Support
- Meaning of Life

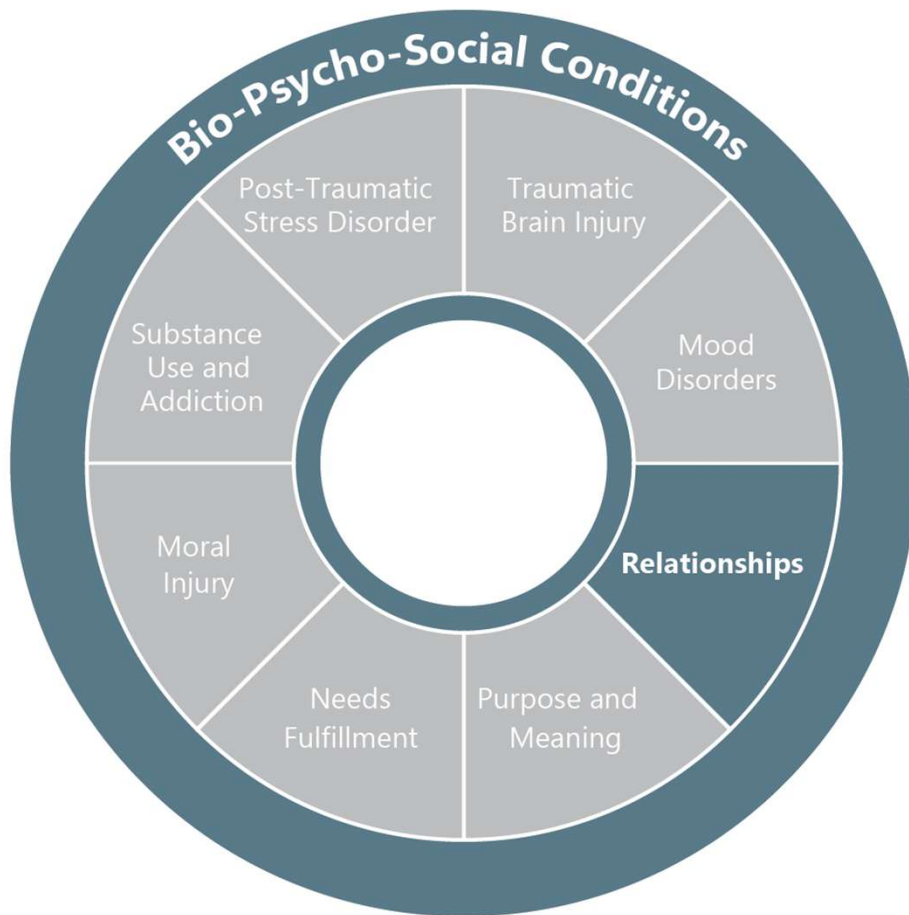


## OVERVIEW



Relationships impact those who served and those who care for them. Strong and healthy relationships, both intimate and social, are recognized to be a protective factor for SMVF during times of crisis; alternatively, disrupted relationships and a lack of connection could be a risk factor or even precipitating factor for a mental health crisis in SMVF.

Relationships can be viewed from the perspective of intra-generational family relationships (Spouse, partner, siblings), inter-generational family relationships (parents, children), and social / professional relationships (friends, peers, coworkers)

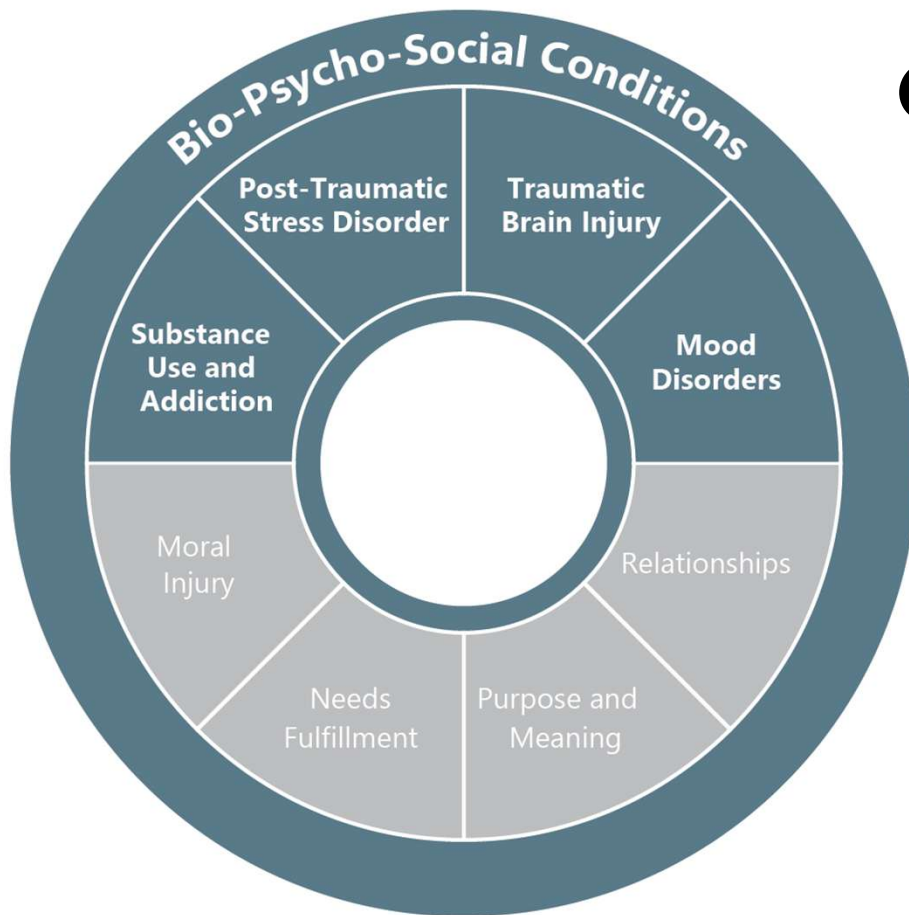


# INTERVENTIONS / APPROACHES



## Interventions:

- Cognitive-Behavioral Conjoint Therapy for PTSD
- Integrative Behavioral Couples Therapy
- Acceptance and Commitment Therapy for Couples
- Gottman Method Couples Therapy

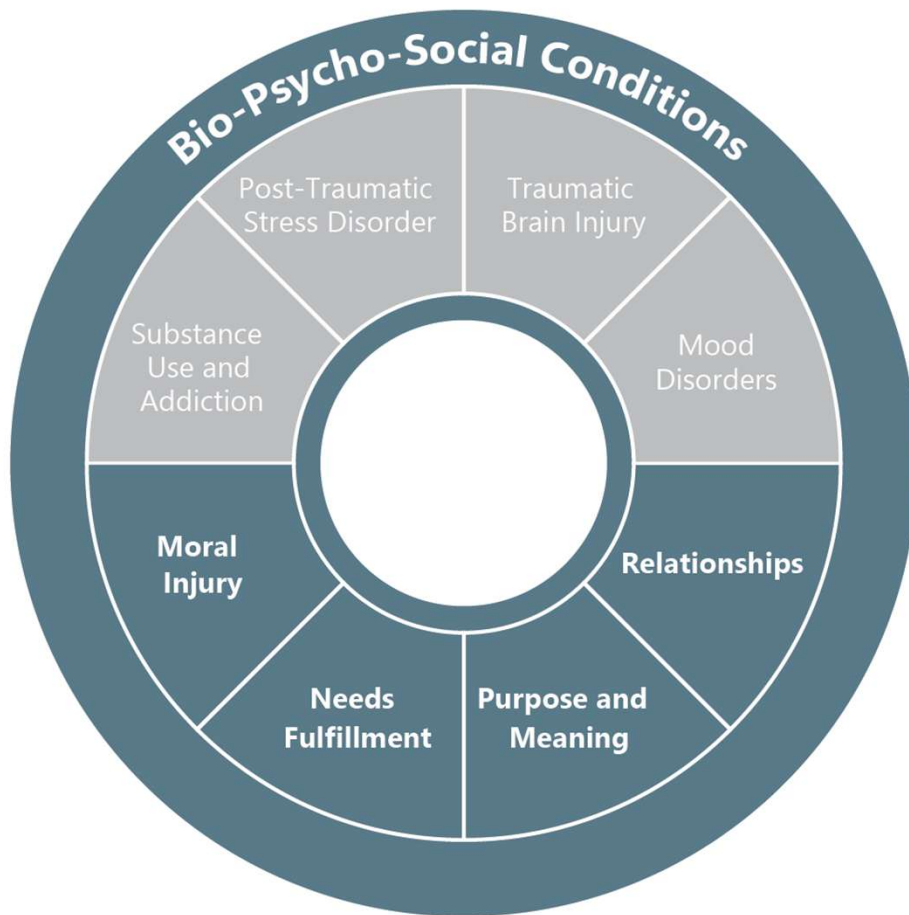


## Clinical Diagnoses



- Clinical diagnostic criteria listed in the DSM-5
- Significantly research in both condition and EBP interventions
- Not limited to military experience, while also having unique etiology related to military experience
- Insurance coverage for mental health treatment
- Disability compensation available if conditions are considered service-related

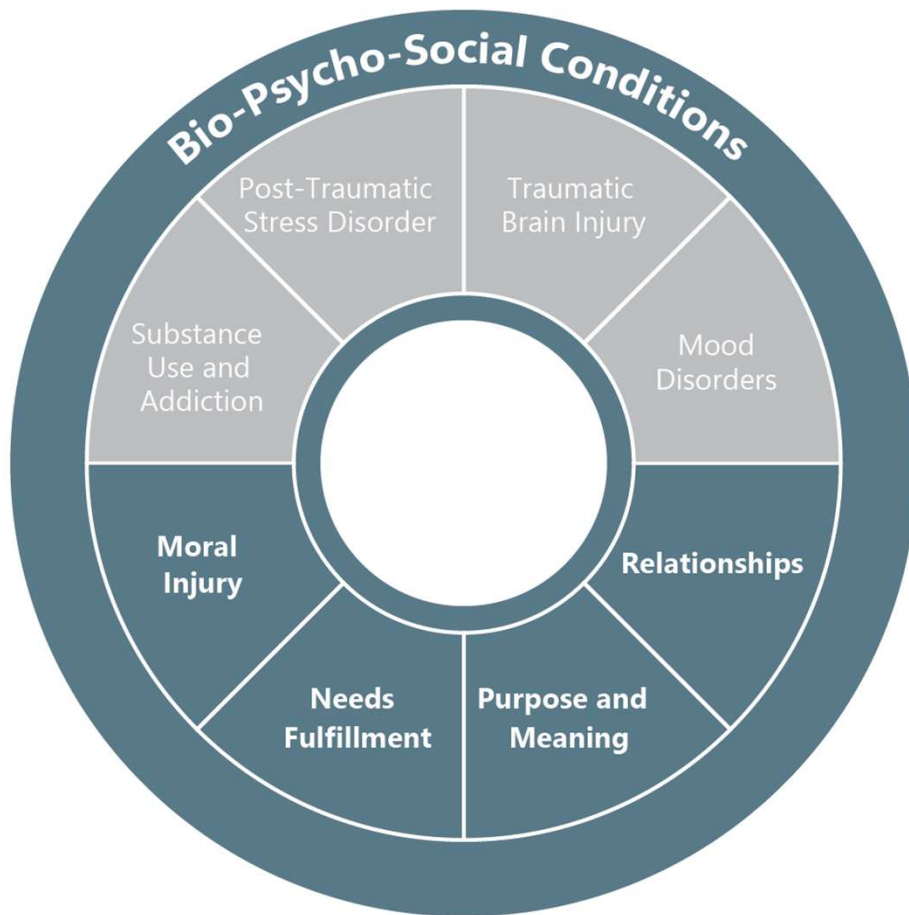




# Transition Stress



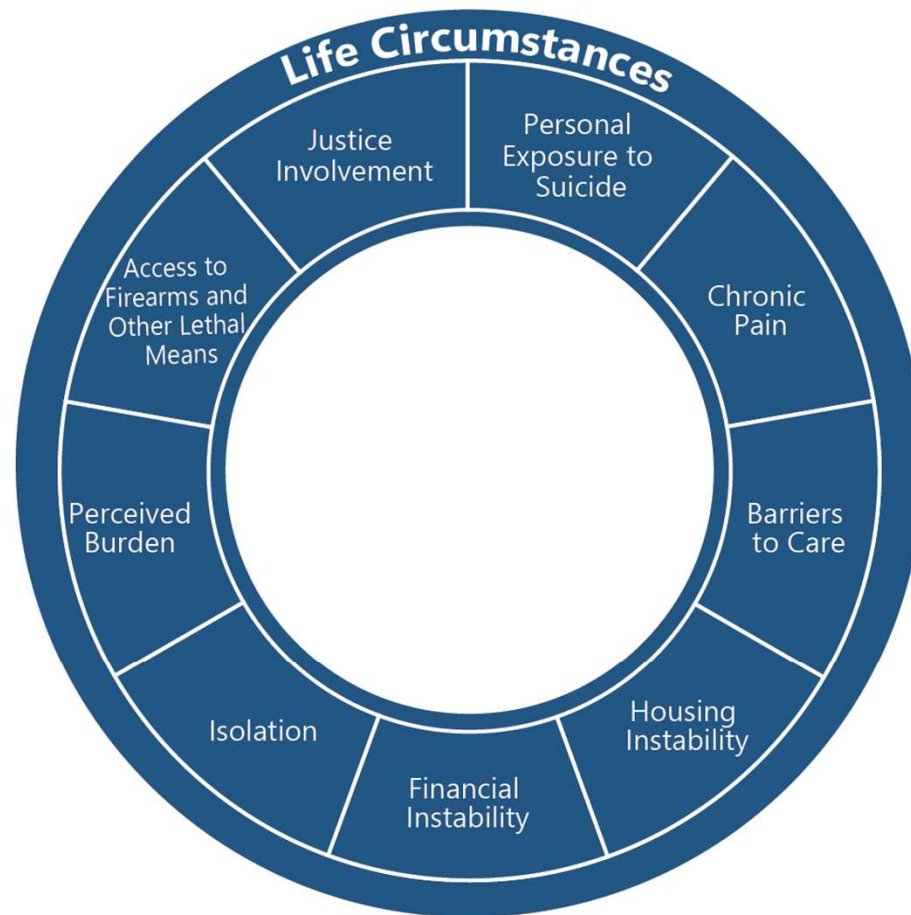
According to Mobbs and Bonanno (2018), transition stress refers to the psychological strain experienced by military veterans as they adjust from military to civilian life. This stress arises from challenges such as redefining personal identity, establishing new social connections, and adapting to civilian norms and routines, which can be distinct from the structured environment of military service.



## Transition Stress

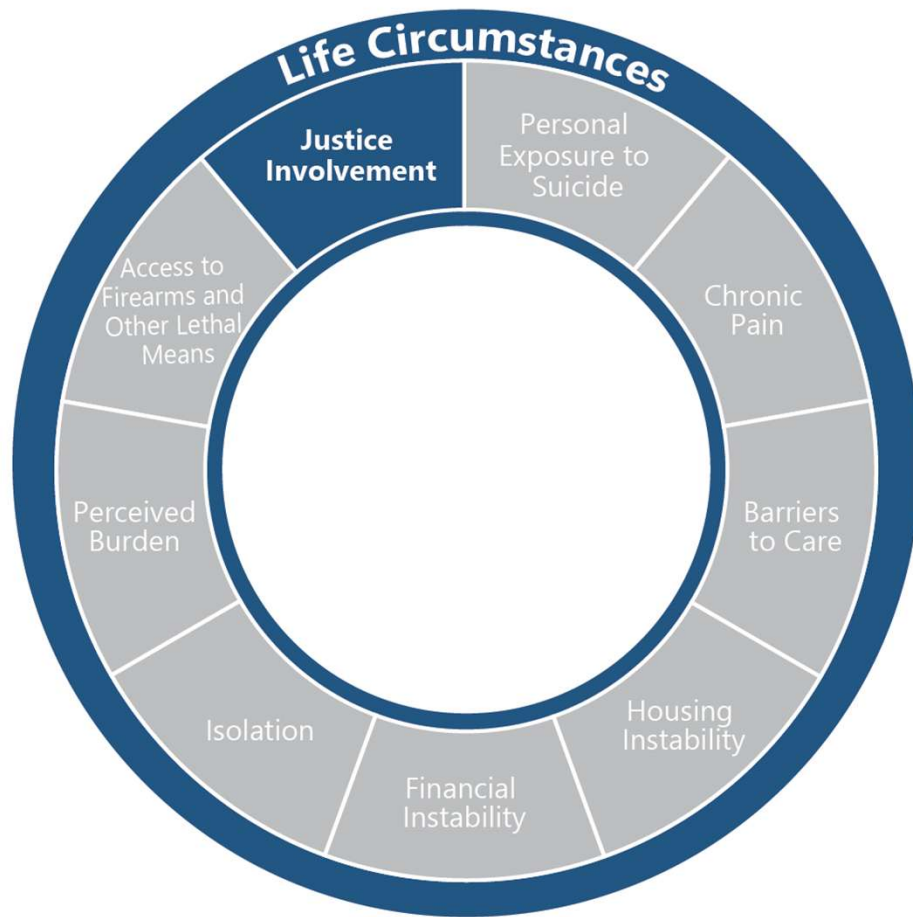


- Less clearly defined diagnostic criteria in DSM-5
- Variable amounts of research, but significant impact on mental health and wellbeing
- Likely more prevalent in the military, due to high levels of self-identification with the military, a dedication to service, deeply held common values, and an interdependent communal structure
- Insurance coverage and disability compensation not as broadly available



**SAMHSA ★ SMVF TA CENTER**  
Service Members, Veterans, and their  
Families Technical Assistance Center



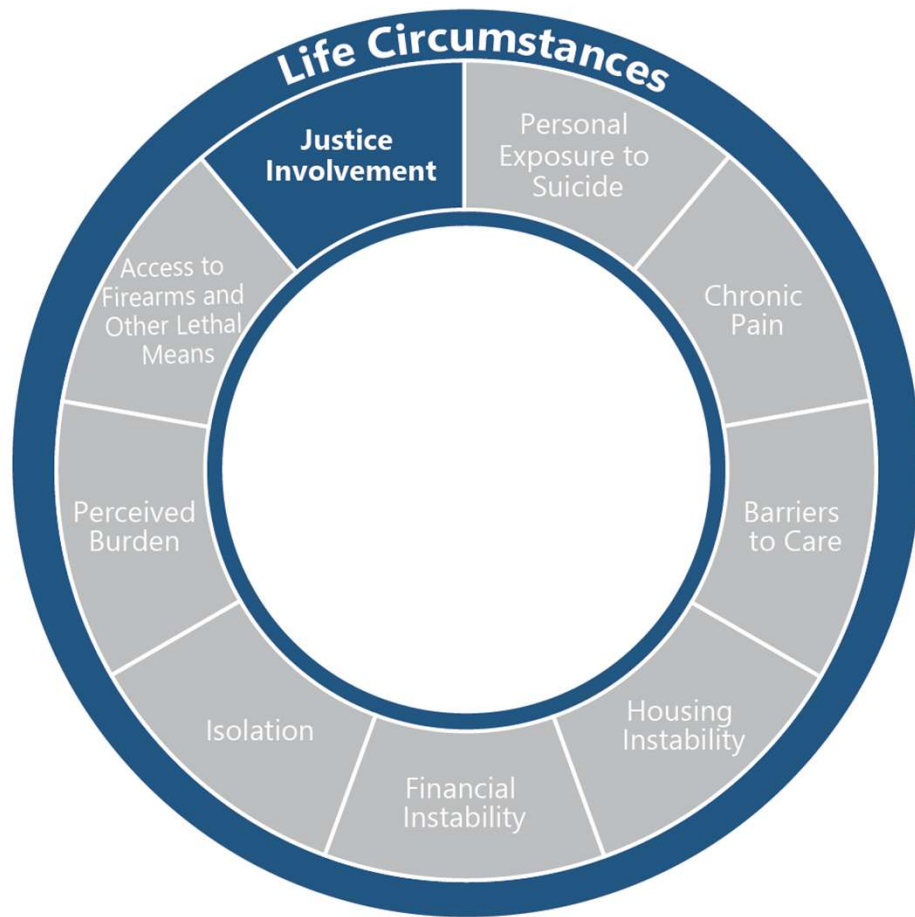


## OVERVIEW



Military and veteran involvement in the non-military criminal legal system has become a concern that has emerged during the Global War on Terror, which lead to the development of specialized court programs such as Veteran Treatment Courts in 2008 and the broadening establishment of military and veteran specific cell blocks or pods in jails and prisons.

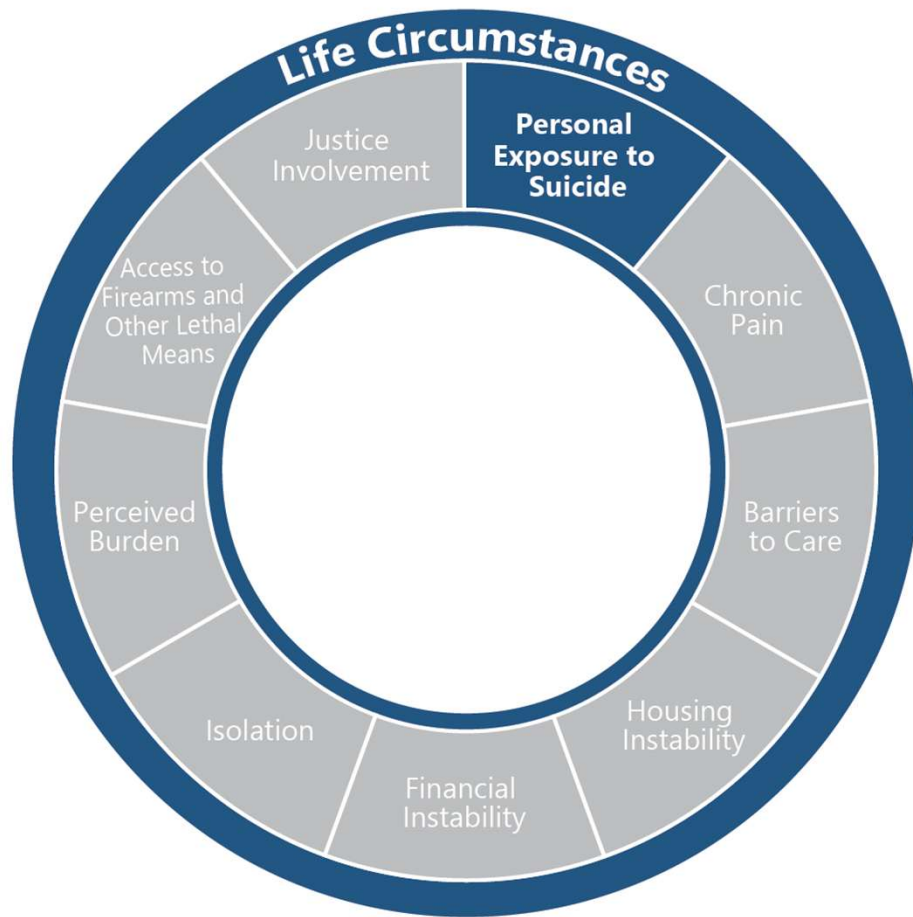
It is estimated that between 100,000 to 180,000 veterans are incarcerated each year, and figures from the Bureau of Justice Statistics estimate that over 100,000 veterans were serving time in state (N = 96,300) or federal (N = 9100) prisons in 2016



## Partnerships / Resources



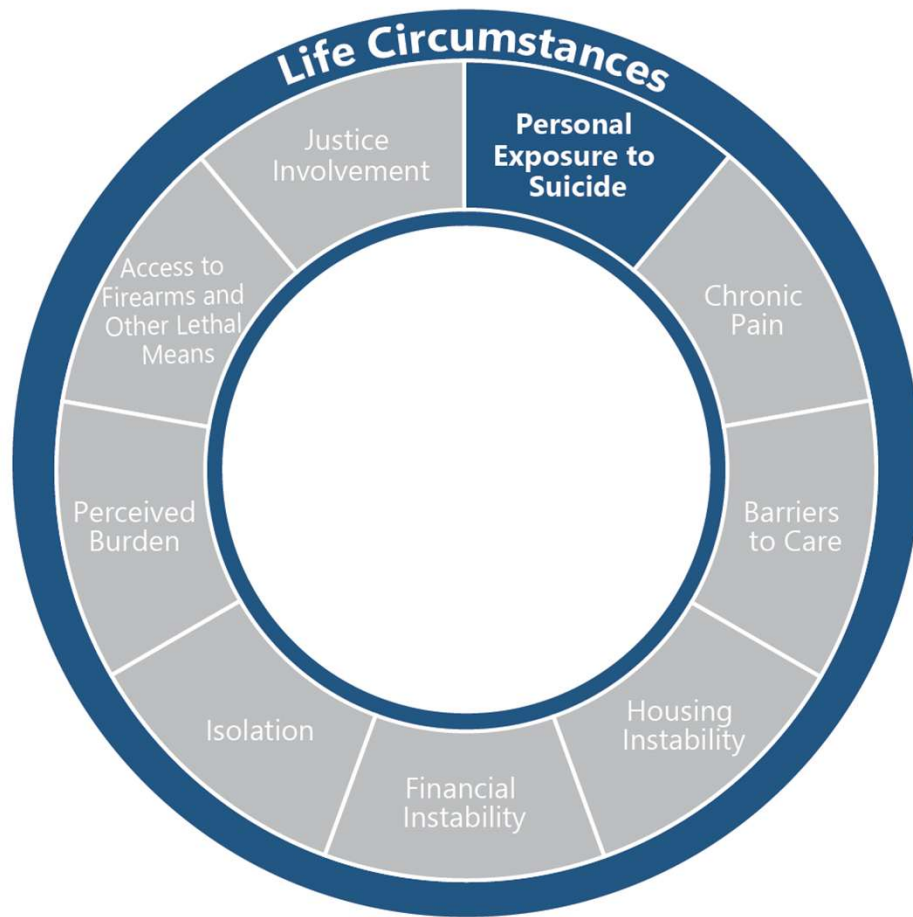
- Local Jurisdiction Veteran Treatment Courts
- Local Public Defender and District Attorney
- Guardian Ad Litem, Court Appointed Special Advocate agencies, and Local Bar Association
- Local VA Facility Veteran Justice Outreach Program



## OVERVIEW



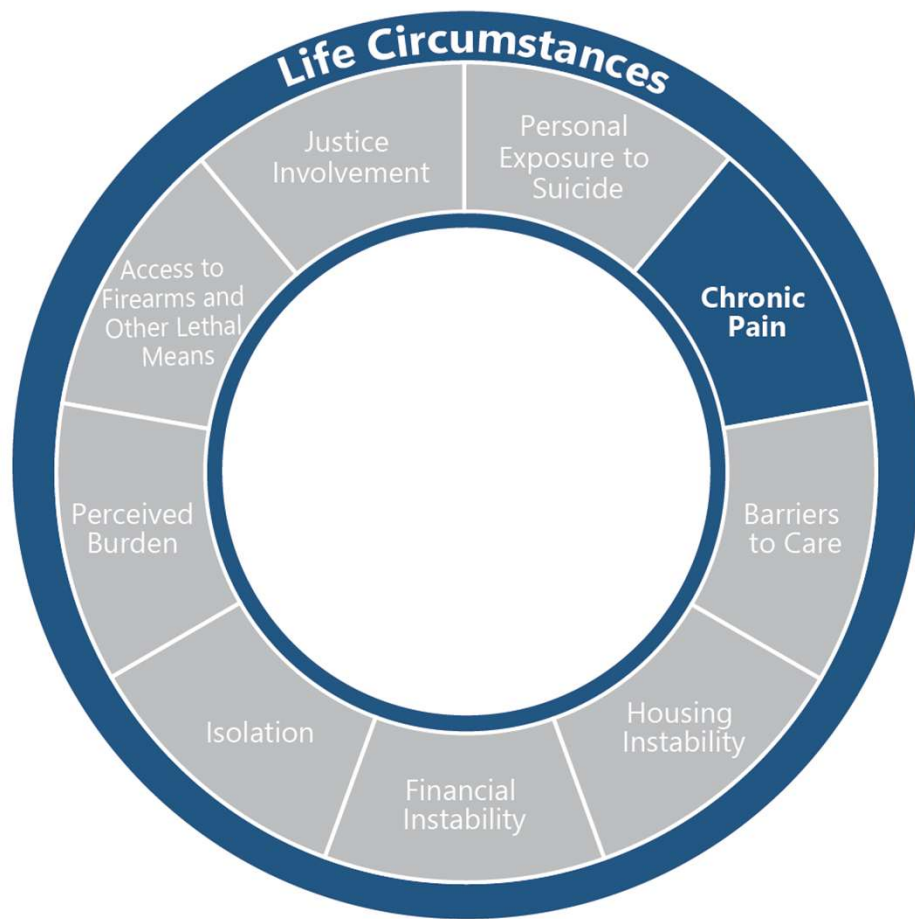
Research indicates that individuals exposed to suicide had significantly increased odds of dying by suicide or attempting suicide themselves. Exposure to suicide attempts were linked to higher odds of subsequent suicide attempts if treatment is not provided or accessed. Given the smaller SMVF population compared to the non-military population in your community, and the rates of suicide in the SMVF population, it is more likely for SMVF to have been experienced suicide loss in their peers, as well as been exposed to suicidal behaviors and actions in other compared to the non-military population



## Partnerships / Resources



- Local suicide prevention coalitions
- Local Outreach for Suicide Loss Survivors (LOSS) Teams
- Postvention support or initiatives
- Explore exposure to suicide in SMVF clients



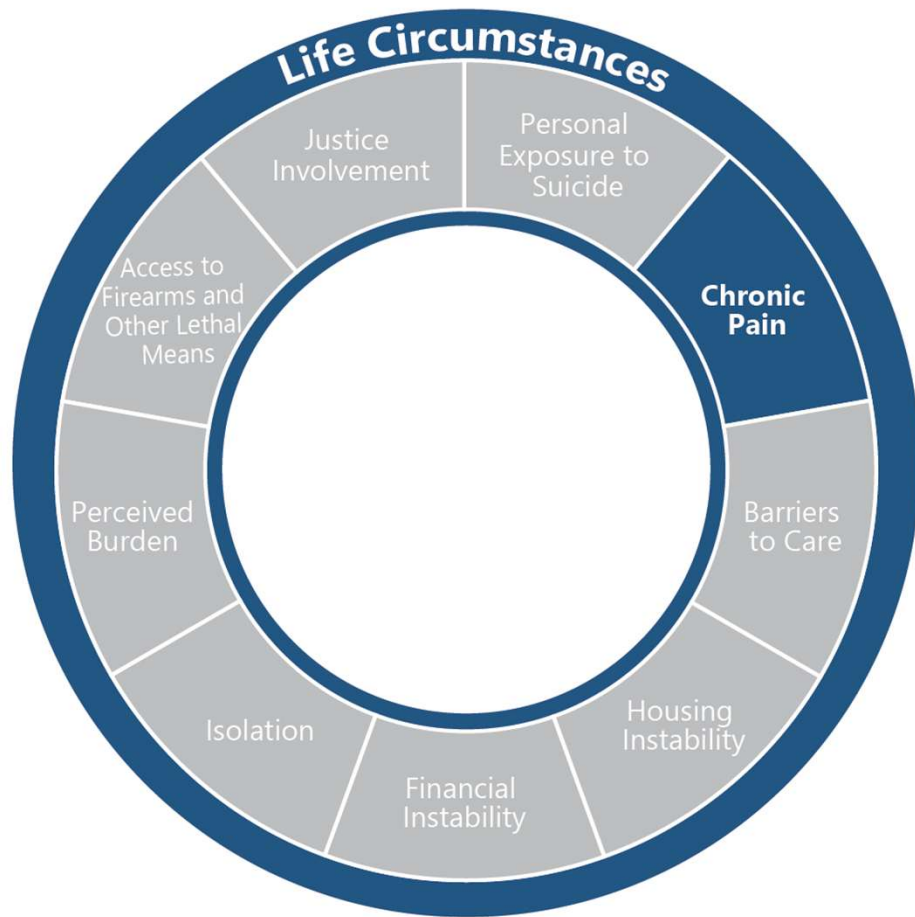
## OVERVIEW



Chronic pain, (pain lasting longer than 3-6 months and persisting behind the healing of an initial injury or condition) is complicated to treat and associated with a multitude of negative health problems and functional issues (Reilly, et al.). Dahlhamer and colleagues (2018) found that veterans regularly demonstrate a higher prevalence of chronic pain than the non-military population (29.1% vs. 19.5%)

SMVF who experience chronic pain are at a higher risk of developing Substance Use Disorders in order to cope with ongoing pain, as well as other conditions such as anxiety and depression due to perceived or actual quality of life

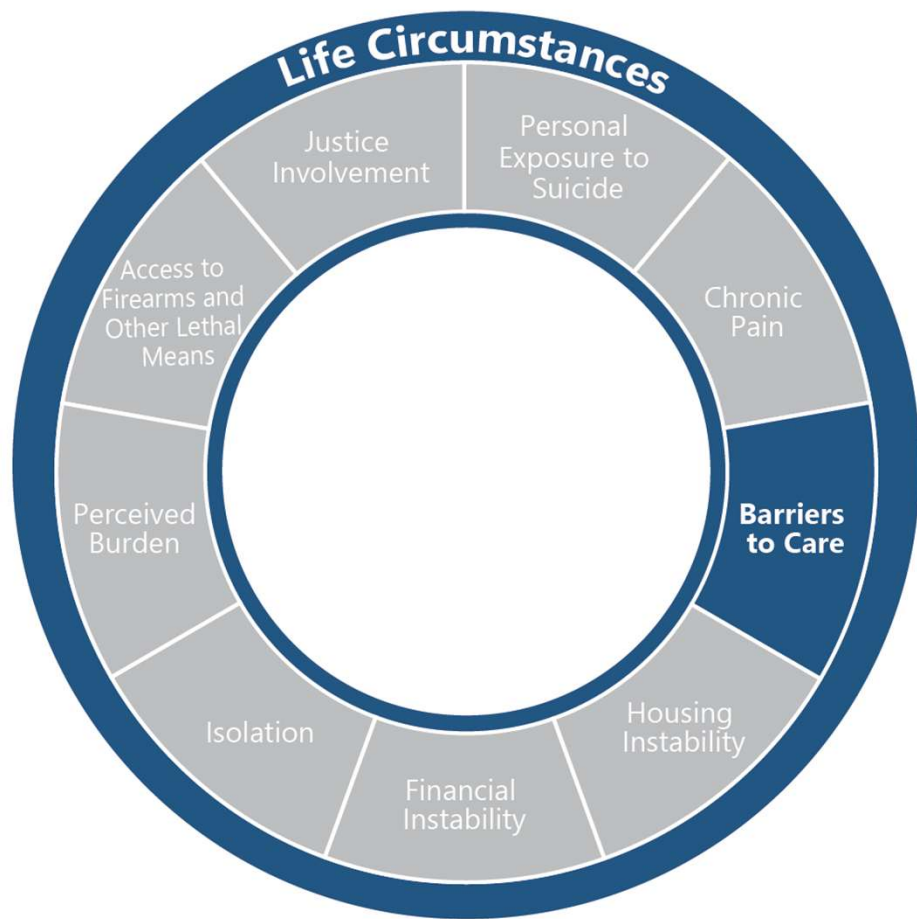




## Partnerships / Resources



- Integration and collaboration with medical providers for SMVF with chronic pain
- Exploration of the presence and impacts of chronic pain in SMVF
- Local and national organizations that provide adaptive engagement for SMVF



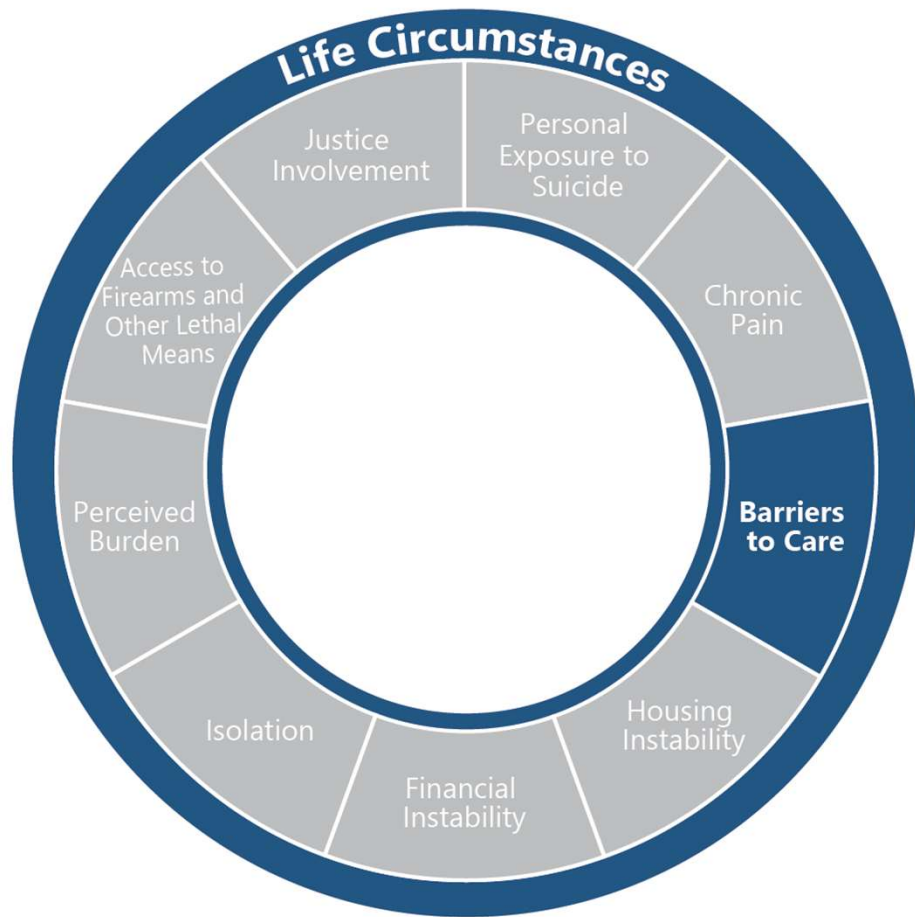
## OVERVIEW



SMVF can experience barriers to accessing mental health treatment for a number of reasons. External barriers to care exist, with the availability of providers familiar with SMVF culture and needs, as well as the ability to pay for that care if it is not covered by insurance or benefits. Other external barriers to care exist such as available treatment conflicting with employment, or distance to travel to appointments.

Internal barriers to care are also significant, with both stigma against seeking mental health treatment, real or perceived judgement of peers and family, or aspects of guilt and shame related to self-perceptions of being “broken” or “weak”

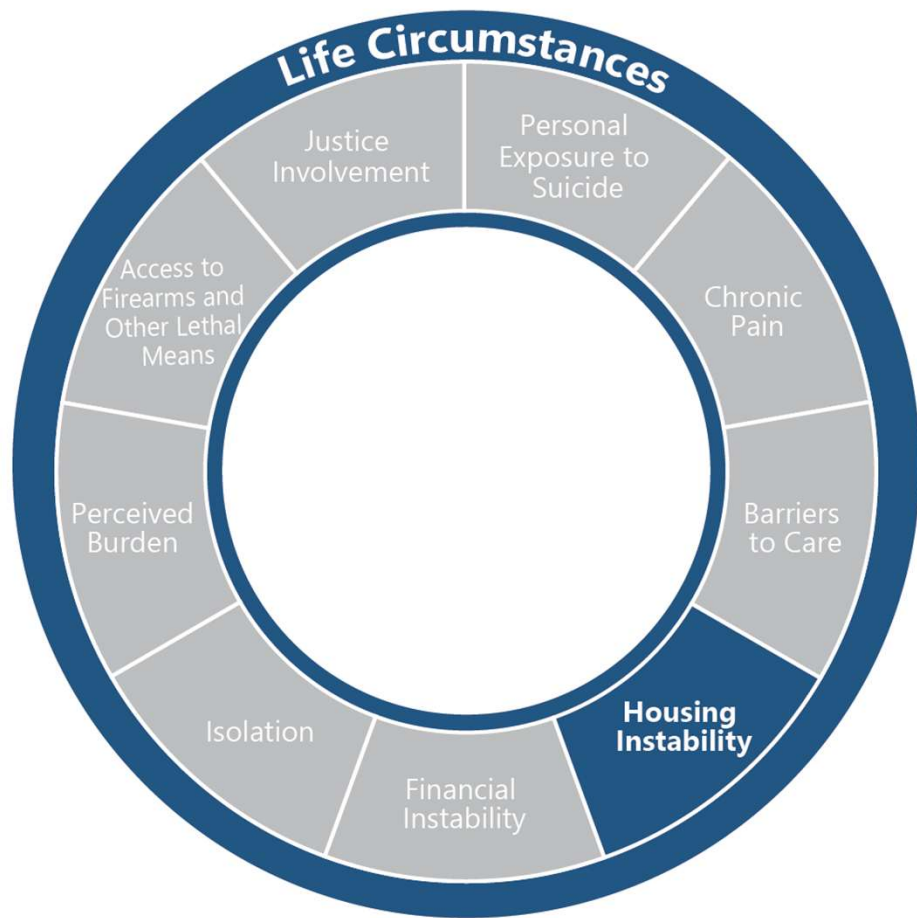




## Partnerships / Resources



- Case Managers with military-related background and experience can help SMVF navigate external barriers to care and engage in treatment
- Peer support groups and Peer Navigators can normalize help seeking and demonstrate the benefits of engaging in treatment



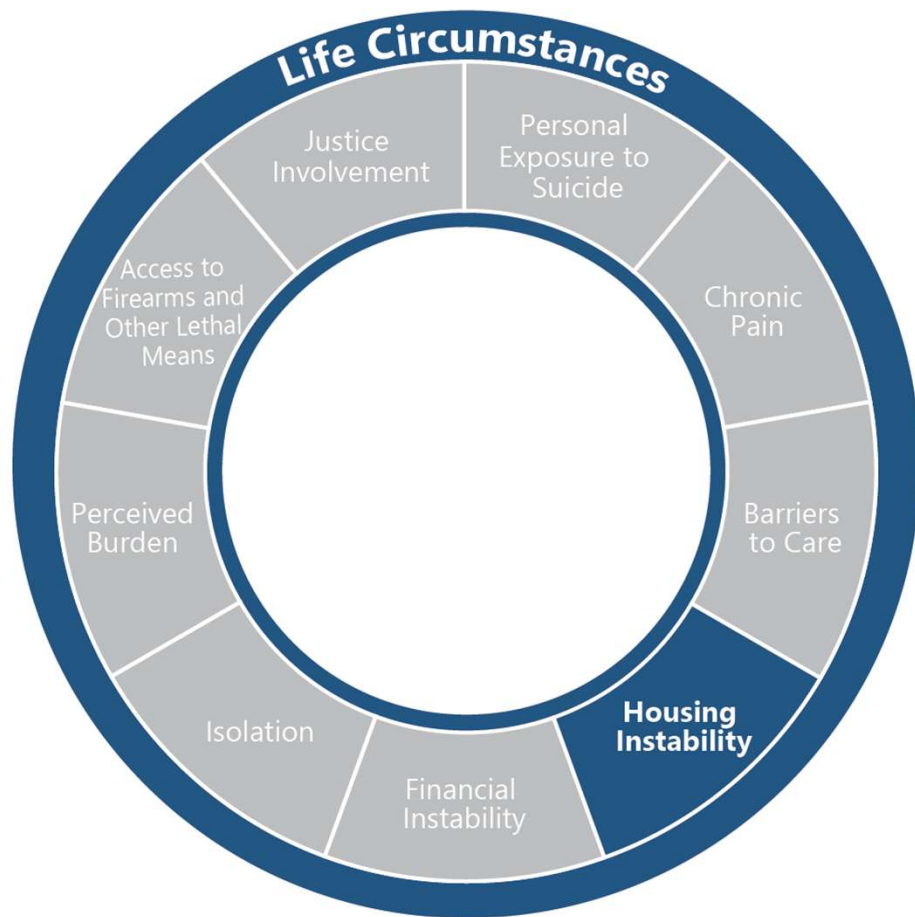
## OVERVIEW



A lack of robust social networks has been linked to increased homelessness risk among veterans.

Disruptions caused by deployments and relocations may weaken these support systems, emphasizing the need for community and familial connections during transitions to civilian life (Tsai & Rosenheck, 2015)

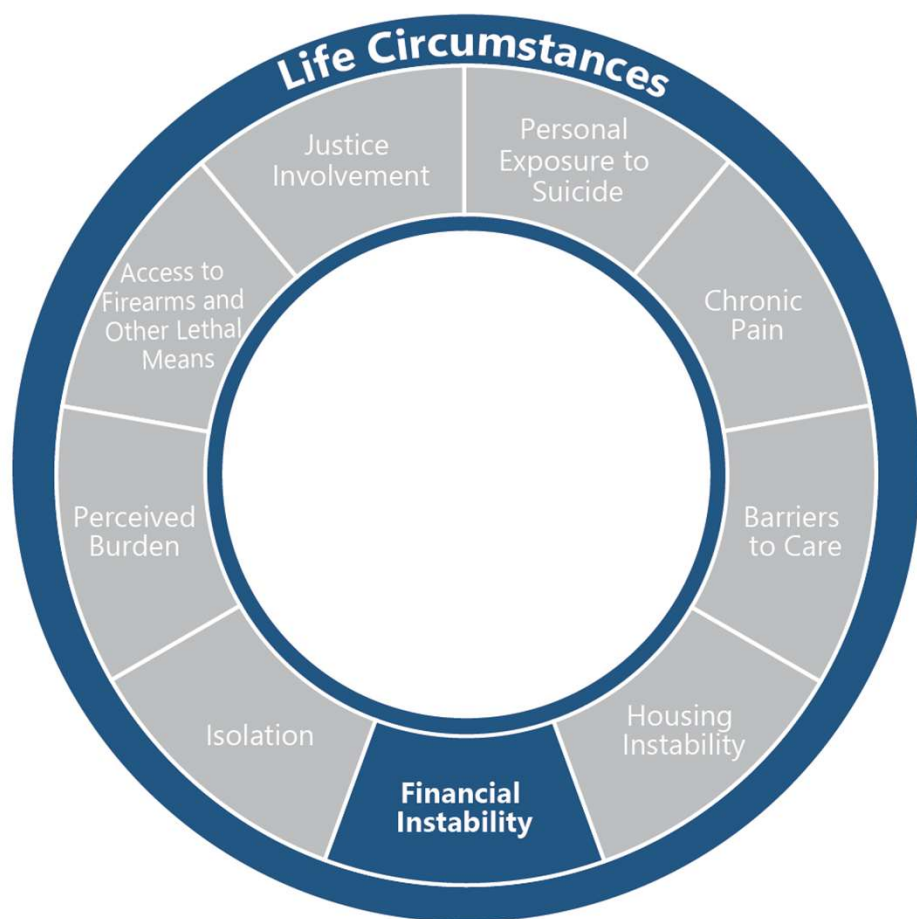
SMVF experiencing housing instability often report higher instances of mental distress, including depression, anxiety, and suicidal ideation (Bossarte et al., 2015)



## Partnerships / Resources



- Supportive Service for Veteran Families (SSVF) programs
- Department of Veterans Affairs Healthcare for Homeless Veterans (HCHV) program managers
- HUD-VASH housing vouchers
- Local HUD Continuum of Care program

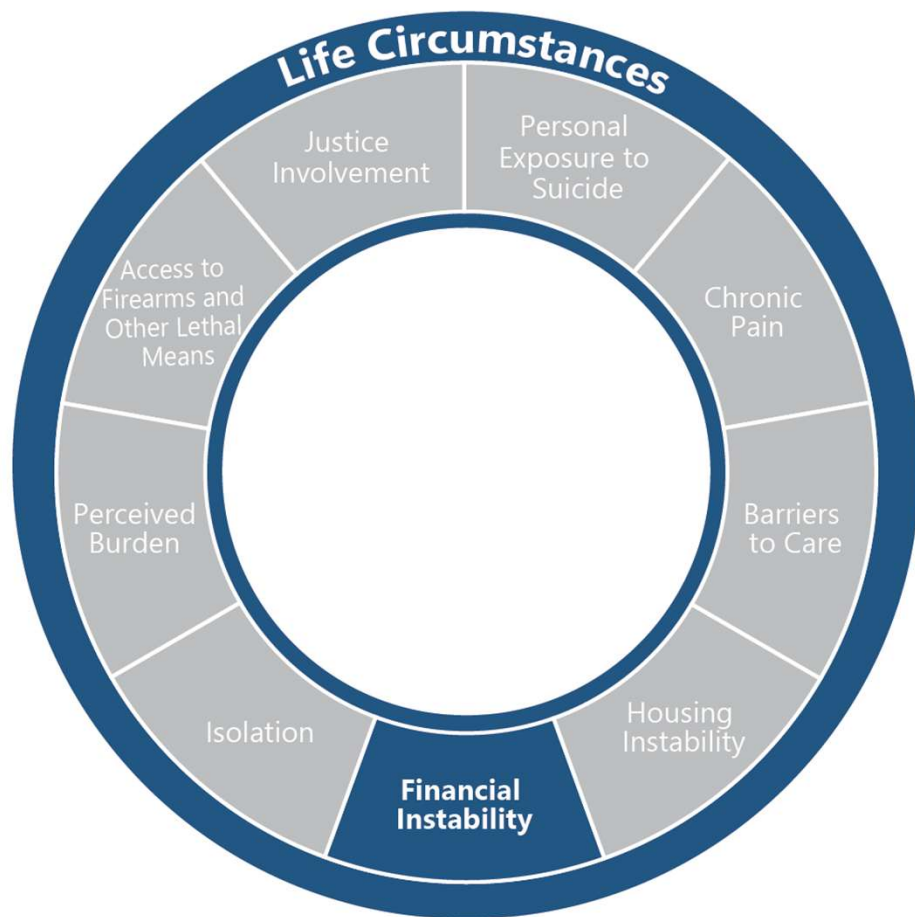


## OVERVIEW



A 2023 systematic review examined the association between modifiable social determinants, such as employment and financial stability, and mental health among post-9/11 veterans. (Kamdar et al., 2023) The review found that employment and financial stability were generally associated with fewer mental health symptoms or lower prevalence of mental health conditions.

Studies also suggested a bidirectional relationship, where financial stability reduced the risk of suicidal ideation, and improvements in depression symptoms increased the likelihood of finding and maintaining employment.

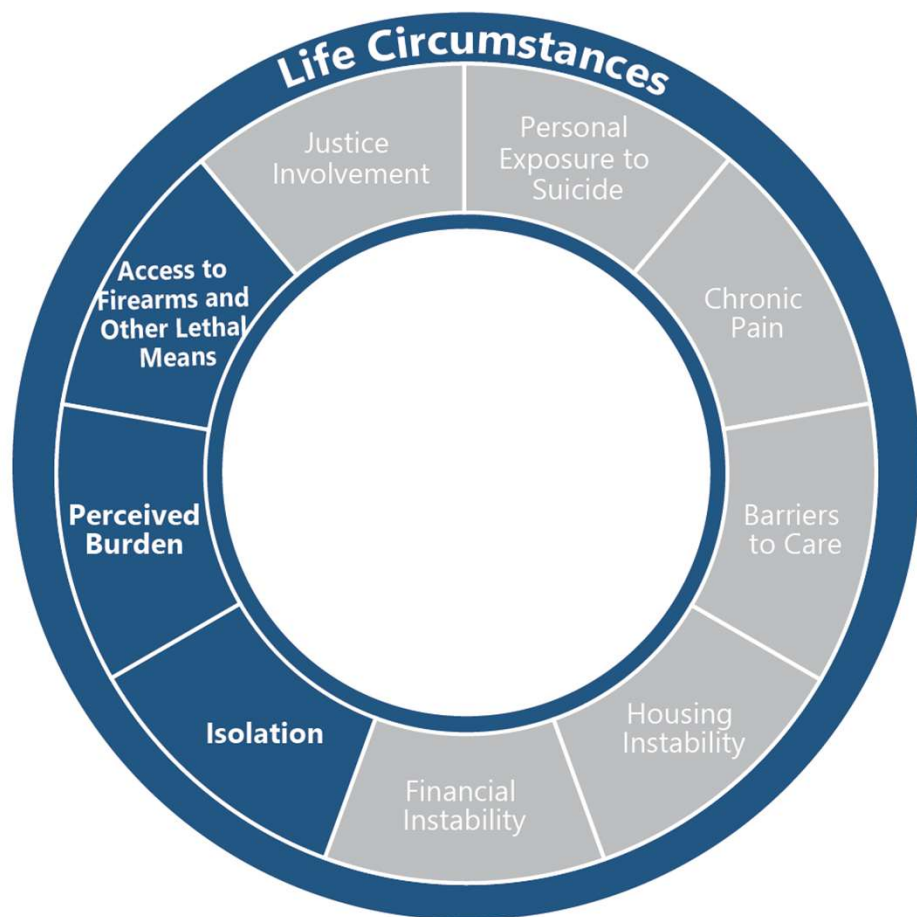


## Partnerships / Resources



- National SMVF employment support organizations
- Local and State Workforce Agencies
- Department of Veterans Affairs National Veterans Financial Resource Center (FINVET)



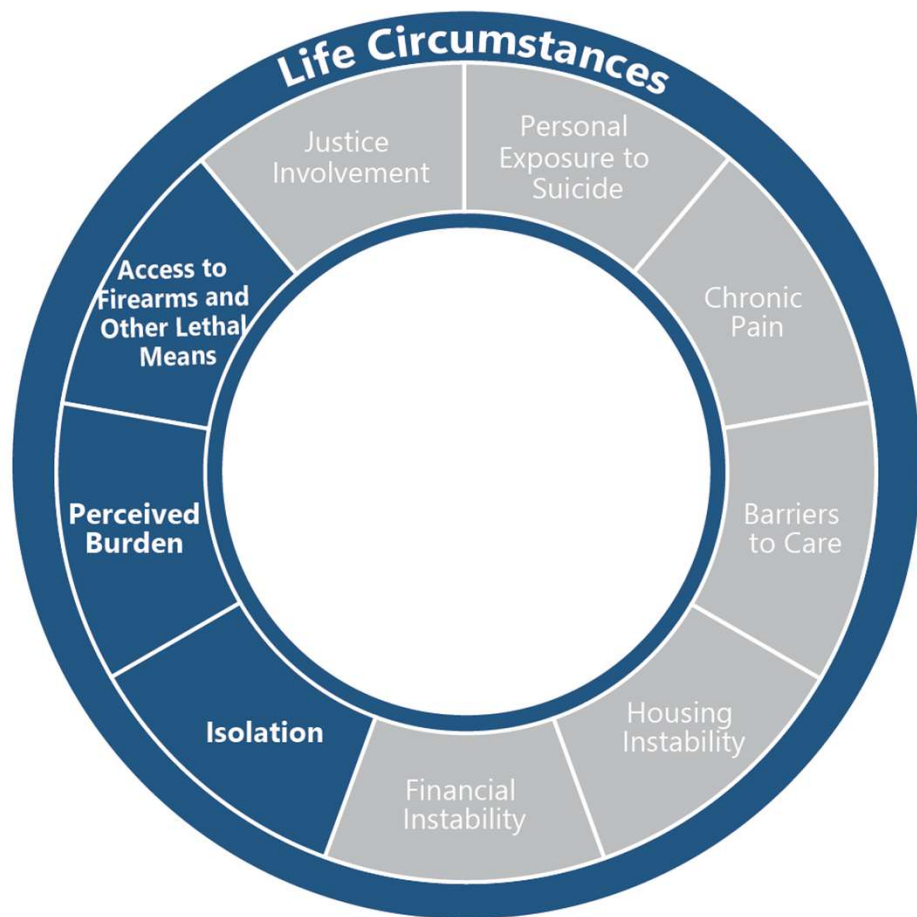


## OVERVIEW



In his 2005 book, *Why People Die by Suicide*, Dr. Thomas Joiner proposed the Interpersonal Theory of Suicide, which identifies specific life circumstances that contribute to the development of a suicidal crisis. Dr. Kimberly Van Orden and colleagues (2010) expanded upon the theory.

This conceptual approach to suicidal crisis proposes three components that produce increased risk for suicidal self-harm: Perceived Burdensomeness, Thwarted Belonginess, and Capability for Suicide. Joiner's theory suggests that the presence of these three factors significantly increases the risk for suicidal behavior



## OVERVIEW

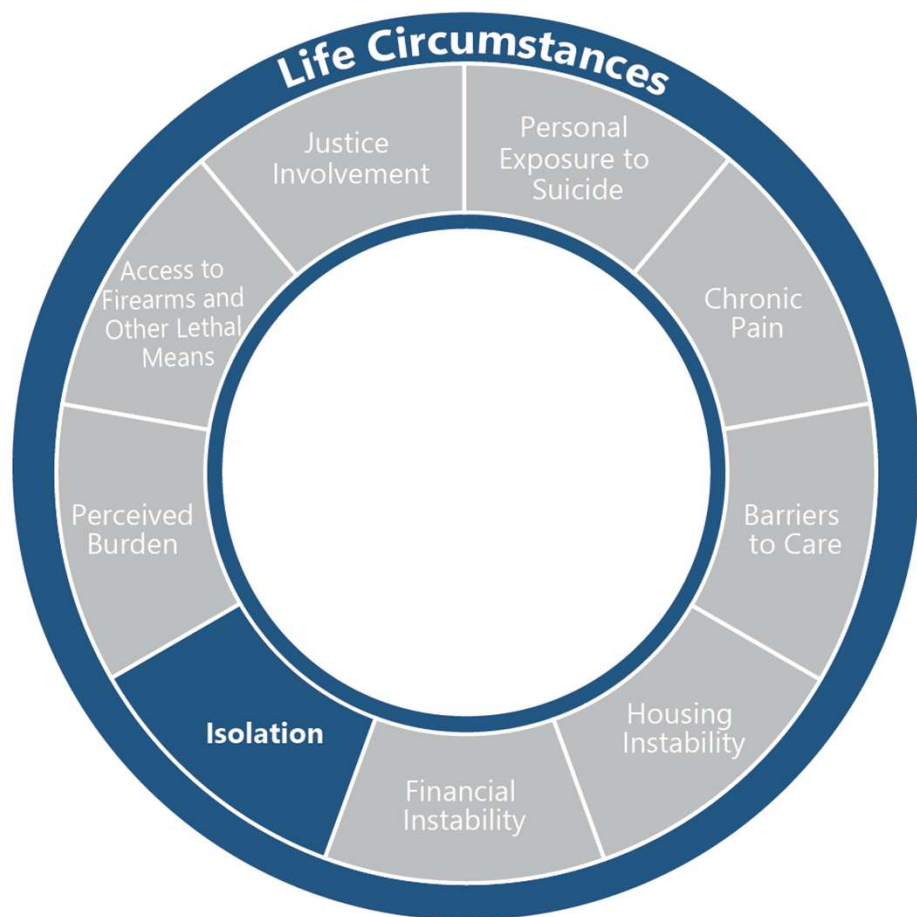


**Thwarted Belongingness:** The person feels socially disconnected, isolated, or alienated, believing they do not have meaningful relationships.

**Perceived Burdensomeness:** The individual feels that they are a burden to others, believing their death would benefit those around them.

**Capability for Suicide:** The person has the ability and the means to enact lethal self-harm



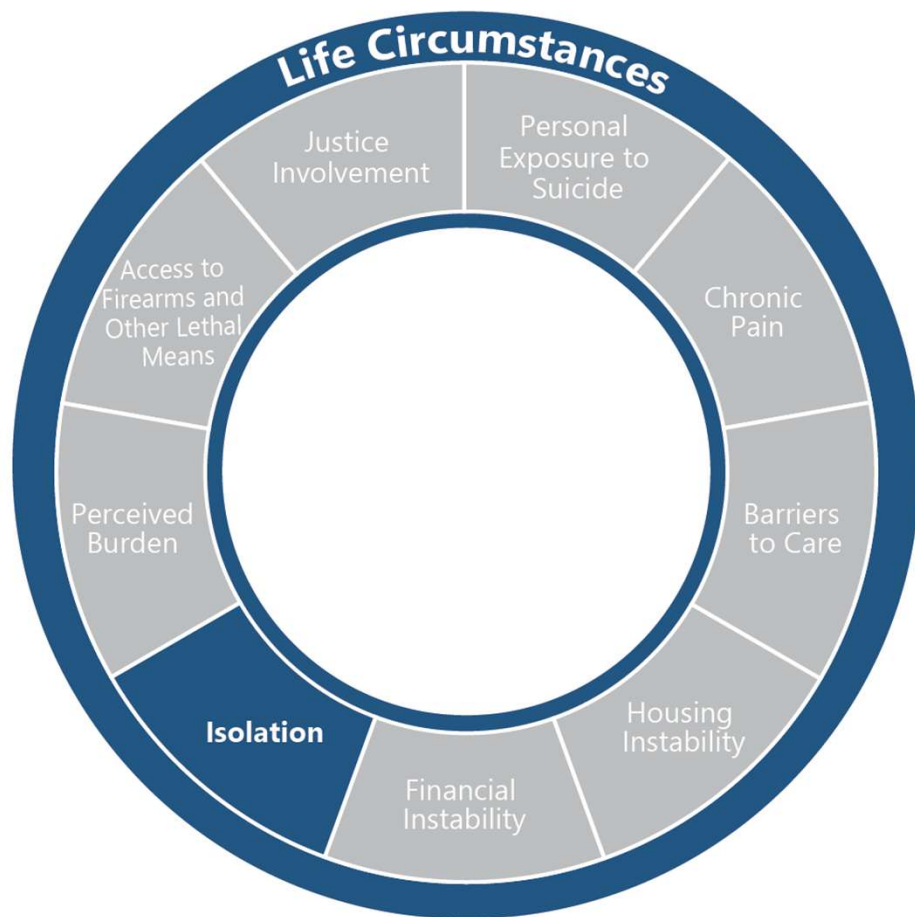


## OVERVIEW



As previously discussed, SMVF are at greater risk to experience thwarted belongingness due to disruptions in social relationships, self-imposed disconnection from others, and perceived or actual ostracization. The act of leaving the military itself is a form of separation or social severance, with the very real experience of no longer being part of a team, unit, or group.

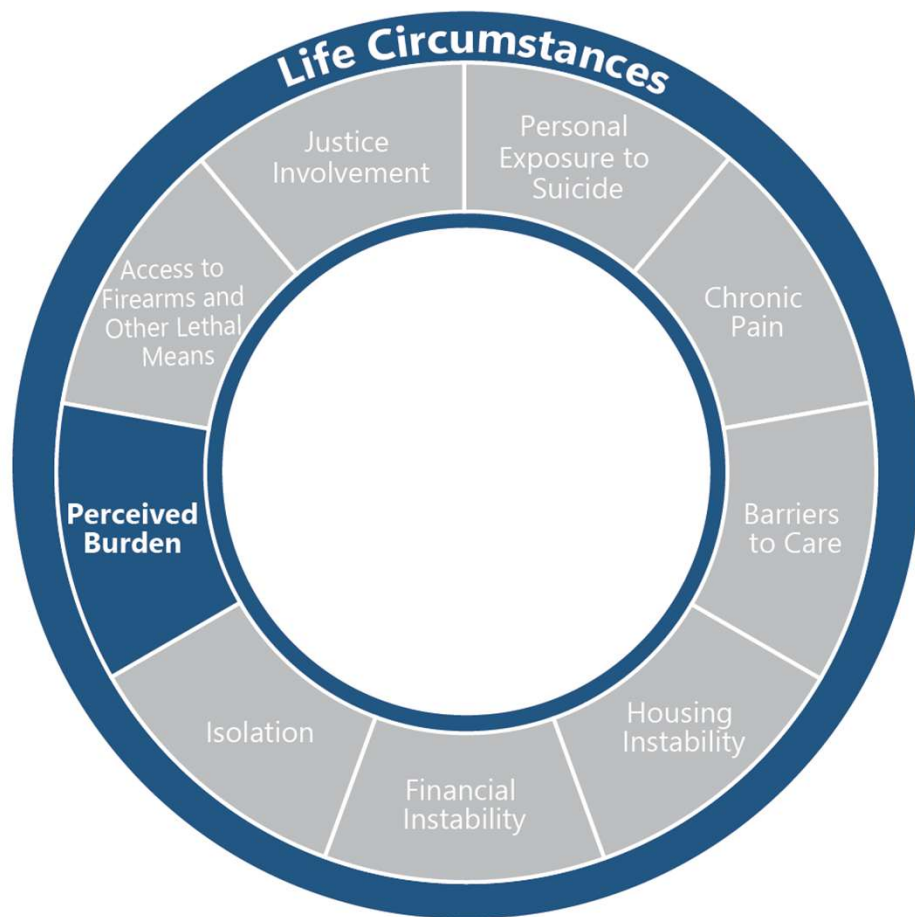
Connectedness and belonging are significant protective factors against suicidal thoughts and behaviors; conversely, isolation and a lack of belonging are considered risk factors for an increased likelihood of crisis



## Partnerships / Resources



- Peer groups to engage SMVF in connecting with others
- Peer Support Specialists
- Encouraging SMVF to explore organizations that focus on areas of personal interest (fitness, outdoor activities, gaming, civic engagement)

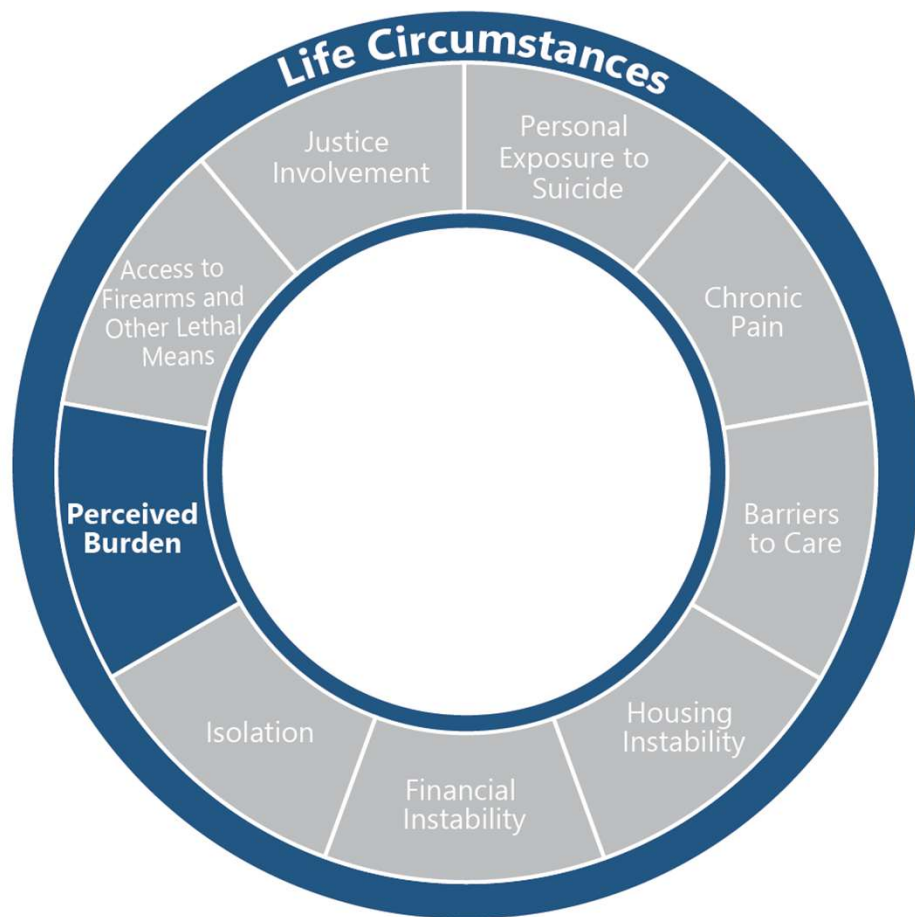


## OVERVIEW



An aspect of military culture that can be seen as a strength is an increased sense of self-reliance, confidence, competence, and personal agency. The combination of personal effort and collective effort experienced in the military can provide a sense of capability in SMVF.

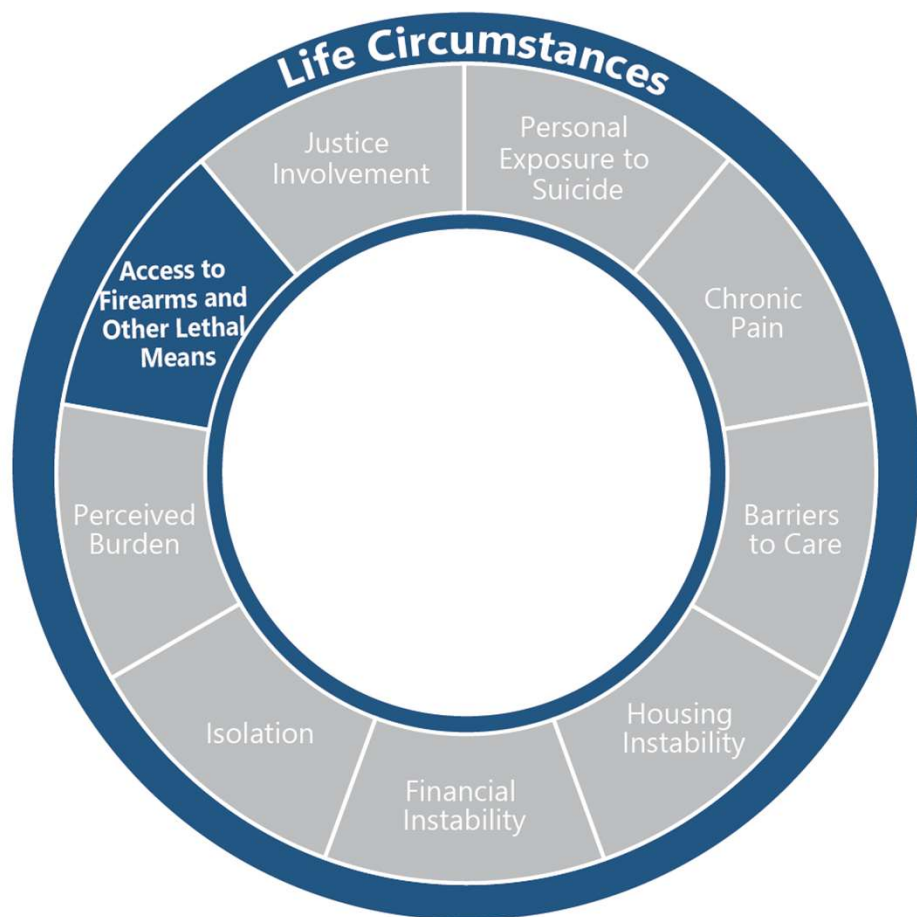
A drawback of this mindset is that many SMVF feel as though they need to do their part to “not let their buddies down” and be perceived as a “weak link.” If life circumstances, including mental and physical health conditions, are at odds with the self-reliant concept, some SMVF might consider themselves a burden to others



## Partnerships / Resources



- Supportive approaches to explore a sense of burdensomeness in SMVF
- Peer groups and Peer Specialists
- Organizations that provide SMVF an opportunity to demonstrate to themselves their ability to contribute to their community in meaningful ways



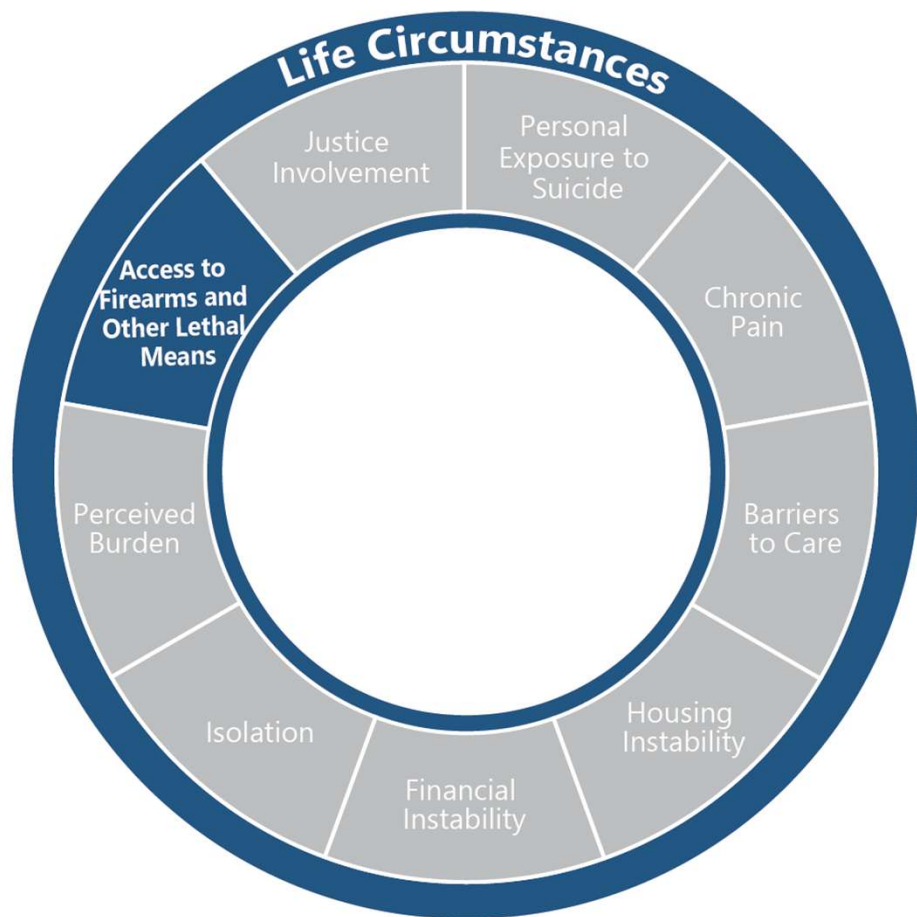
## OVERVIEW



A necessary aspect of military training is the ability to engage in actions that result in harm to others and to overcome natural resistance to engaging in potentially lethal violence. This training is necessary for service members and Veterans to accomplish missions in a combat environment; however, it also increases the capability to enact lethal self-harm.

The presence of firearms and other lethal means, and the familiarity and comfort with their use, can pose a greater risk for suicidal self-harm if the person is also feeling a sense of isolation and burdensomeness

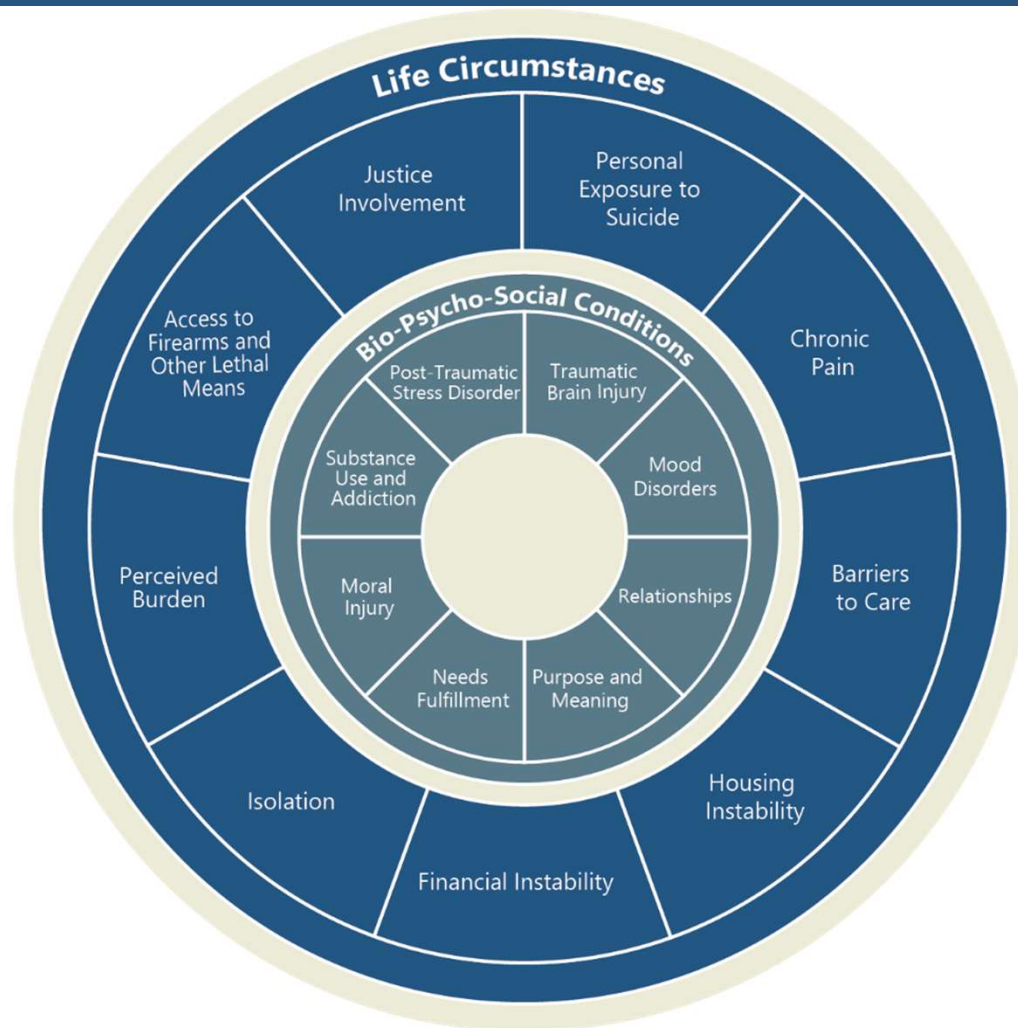




## Partnerships / Resources



- Counseling on Access to Lethal Means (CALM)
- Department of Veterans Affairs Lethal Means Safety Toolkit
- Worried About a Veteran Website (WAV)  
[www.worriedaboutaveteran.org](http://www.worriedaboutaveteran.org)



**SAMHSA ★ SMVF TA CENTER**  
Service Members, Veterans, and their  
Families Technical Assistance Center



## CITATIONS



- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.
- Bossarte, R. M., Blosnich, J. R., Piegari, R. I., Hill, L. L., & Kane, V. (2013). Housing instability and mental distress among US veterans. *American journal of public health, 103*(S2), S213-S216.
- Castro, C. A., Kintzle, S., & Hassan, A. M. (2015). The combat veteran paradox: Paradoxes and dilemmas encountered with reintegrating combat veterans and the agencies that support them. *Traumatology, 21*(4), 299–310.
- Dahlhamer, J. (2018). Prevalence of chronic pain and high-impact chronic pain among adults—United States, 2016. *MMWR. Morbidity and mortality weekly report, 67*.
- Fogle, B. M., Tsai, J., Mota, N., Harpaz-Rotem, I., Krystal, J. H., Southwick, S. M., & Pietrzak, R. H. (2020). The national health and resilience in veterans study: a narrative review and future directions. *Frontiers in psychiatry, 11*, 538218.
- Hill, N. T. M., Robinson, J., Pirkis, J., Andriessen, K., Krysinska, K., Payne, A., Boland, A., Clarke, A., Milner, A., Witt, K., Krohn, S., & Lampit, A. (2020). Association of suicidal behavior with exposure to suicide and suicide attempt: A systematic review and multilevel meta-analysis. *PLoS Medicine, 17*(3), e1003074.
- Joiner, T. (2005). *Why people die by suicide*. Harvard University Press.
- Kamdar, N., Khan, S., Brostow, D. P., Spencer, L., Roy, S., Sisson, A., & Hundt, N. E. (2023). Association between modifiable social determinants and mental health among post-9/11 Veterans: A systematic review. *Journal of military, veteran and family health, 9*(3), 8-26.
- 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.
- Lucas, K. T., Marcum, C. D., Lucas, P. A., & Blalock, J. (2022). Military veteran involvement with the criminal justice system: A systematic review. *Aggression and violent behavior, 66*, 101721.
- Meadows SO, Engel CC, Collins RL, Beckman RL, Breslau J, Bloom EL, et al. 2018 Department of Defense Health Related Behaviors Survey (HRBS): Results for the Active Component: RAND Corporation; 2021.

## CITATIONS (Cont'd)



- 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.
- Reilly, E. D., Wolkowicz, N. R., Heapy, A., Ross MacLean, R., Duarte, B. A., Chamberlin, E. S., ... & Kelly, M. M. (2023). Chronic pain and problematic substance use for veterans during COVID-19: the moderating role of psychological flexibility. *Frontiers in Psychology*, 14, 1173641.
- Shay, J. (1994). *Achilles in Vietnam: Combat trauma and the undoing of character*. Scribner
- Stebnicki, M. A. (2020). *Clinical military counseling: Guidelines for practice*. American Counseling Association.
- Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 2019 National Survey on Drug Use and Health: Veteran Adults.
- Tsai, J., & Rosenheck, R. A. (2015). Risk factors for homelessness among US veterans. *Epidemiologic reviews*, 37(1), 177-195.
- Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E. (2010). The interpersonal theory of suicide. *Psychological Review*, 117(2), 575–600
- Yalom, I. D. (1980). *Existential psychotherapy*. Basic Books.

# Thank You!



For technical assistance questions, please contact  
SAMHSA's SMVF TA Center at  
Policy Research Associates, Inc.  
(518) 439-7415

[smvftacenter@prainc.com](mailto:smvftacenter@prainc.com)

[www.samhsa.gov/smvf-ta-center](http://www.samhsa.gov/smvf-ta-center)



**SAMHSA ★ SMVF TA CENTER**

Service Members, Veterans, and their  
Families Technical Assistance Center

# Military Family Research Institute at Purdue University

*Kathy Broniarczyk, Senior Director, Outreach and  
Operations*

*Blair McKissock, Senior Community Outreach Specialist*





# STAR BEHAVIORAL HEALTH PROVIDERS®

In Collaboration With



# Star Behavioral Health Providers In Community Mental Health

# Disclaimers



## Standard Disclaimer

- The views expressed are those of the presenter and do not necessarily reflect the opinions of the Uniformed Services University of the Health Sciences, the Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc., the Department of Defense, or the U.S. Government.

## Conflict of Interest

- This presentation was designed to be delivered by volunteer members of the SBHP Advocate Network. The presenters are not employed with the Center for Deployment Psychology or its collaborators. Neither the presenters nor their family members have a financial interest in any commercial product, service, or organization providing financial support for the development of this project. They have no conflicts of interest to disclose, including no financial, legal, professional, or personal relationships that may influence or bias the information discussed today or their interactions with organizations present at today's meeting, unless otherwise expressly stated by the presenter.

**STAR BEHAVIORAL HEALTH PROVIDERS®**

## Slide 63

---

**AC0**

does the conflict of interest statement apply to this presentation?

Annabelle Grace Cobb, 2025-03-28T12:49:09.590



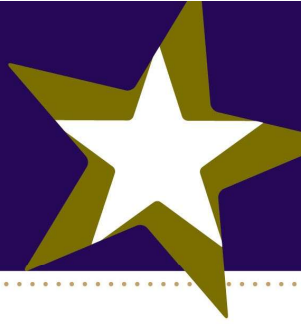
# Military Family Research Institute

Founded in 2000, the Military Family Research Institute's work is guided by five strategic goals:

- **Support** the military infrastructure that supports families.
- **Strengthen** the motivation and capacity of civilian communities to support military and veteran families.
- **Generate** important new knowledge about military and veteran families.
- **Influence** policies, programs and practices supporting military and veteran families.
- **Sustain** a vibrant learning organization.



# The Problem



Communities lack enough mental health providers who are equipped to deal with the specific needs of service members, veterans, and their families.



**STAR BEHAVIORAL HEALTH PROVIDERS®**

# Overview

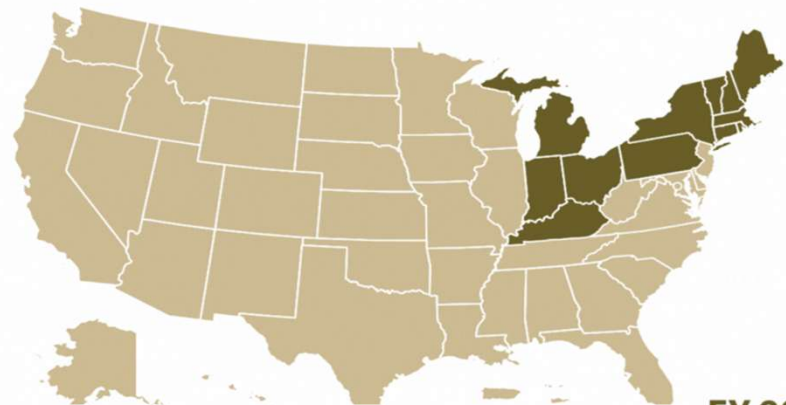
- Training and referral program developed in 2011
- Since FY20, SBHP has been expanding from a state/regional model to a national program through National Guard Bureau funding
- Builds relationships and referral networks between National Guard Behavioral Health staff and civilian providers

**STAR BEHAVIORAL HEALTH PROVIDERS®**



**STAR BEHAVIORAL  
HEALTH PROVIDERS**

*Civilian Professionals. Military Sensitivity.*



**FY 20**

A Collaboration of



Military Family Research Institute



BMO



**STAR BEHAVIORAL  
HEALTH PROVIDERS®**

# **Service Members Veterans and Families**

## Slide 67

---

**BM0**

Font choice

Broniarczyk, Kathy M, 2025-03-25T19:44:35.244

# Stressors experienced by SM/V/F

AC0



## Normative

- Occur for most families
- Expected

## Normative Military

- Occur for most **military** families
- Expected

## Catastrophic

- Do not occur to most families
- Unexpected



## Slide 68

---

**AC0**

should this be "Challenges" (or something similar) vs "opportunities"? Opportunities makes it sounds like spouses have more options for employment because their spouse is in the military

Annabelle Grace Cobb, 2025-03-28T12:52:41.111

# Normative for Active Duty SM/F



- Family separations
- Frequent relocations (PCS)
- Spouse employment challenges
- Military/civilian divide
- Transitioning out of the military



**STAR BEHAVIORAL HEALTH PROVIDERS®**

# Normative for National Guard and Reserve SM/F



- One foot in military word, one foot in civilian world
- Switching between duty statuses
  - Guard are activated for local emergencies and unexpected deployments and temporary duty assignments
- Insurance benefits change with status
- No military base benefits
- Civilian job insecurity
- Daycare



**STAR BEHAVIORAL HEALTH PROVIDERS®**

# Normative – Veteran SM/F



- Healthcare
  - Access challenges- especially rural
  - Benefits- not all the same
- Employment
  - Unemployment
  - Under-employment
- Relationships
- Identity and purpose
- Health conditions related to service:
  - Hearing loss, toxic exposure, TBI, PTSD, insomnia



**STAR BEHAVIORAL HEALTH PROVIDERS®**

# Military Families are Unique



STAR BEHAVIORAL HEALTH PROVIDERS®

- There are more military family members than military personnel
- “Military families” are families first
- Understanding military culture is important ... **context matters!**
- Not all military families look the same

## Slide 72

---

**BM0**

I don't get the "why" of this slide. It could be that the two halves of the slide should be turned around - Military families are families first but understanding the family in the context of Military means something - and then the "context" = they are exposed or have a tendency for interrelated conditions

Broniarczyk, Kathy M, 2025-03-25T19:40:03.022



BMO

# SBHP

One Solution



**STAR BEHAVIORAL  
HEALTH PROVIDERS®**

## Slide 73

---

**BM0**

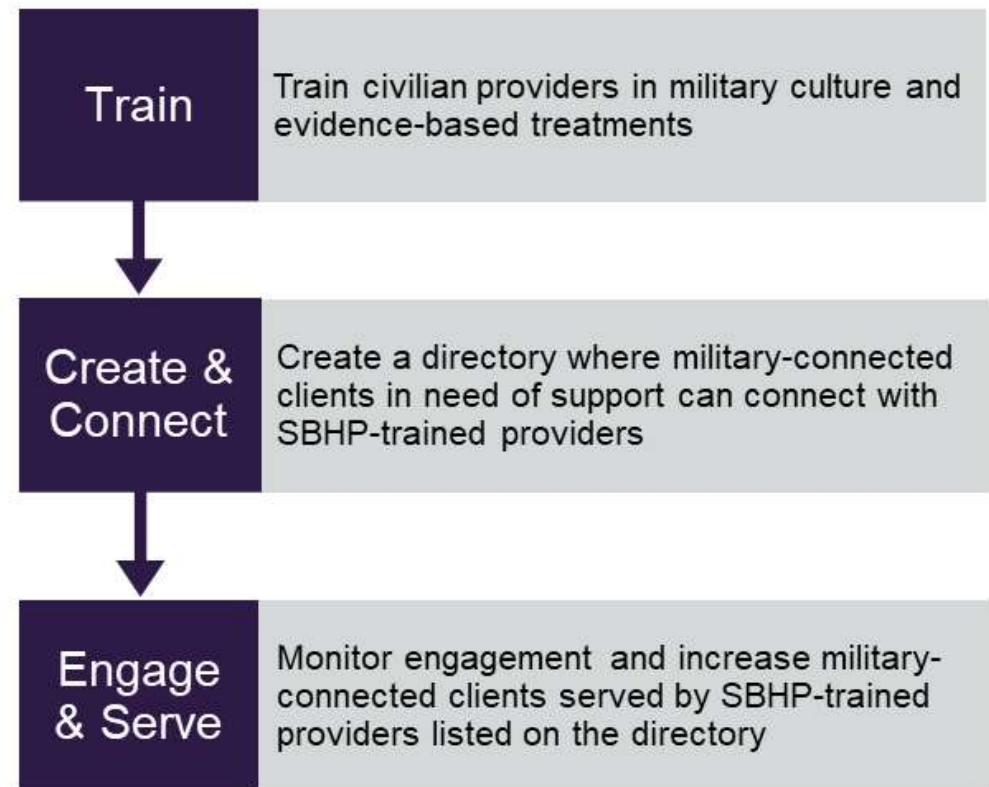
Font choice

Broniarczyk, Kathy M, 2025-03-25T19:44:35.244

# Program Goals



**STAR BEHAVIORAL HEALTH PROVIDERS®**



# Train



**STAR BEHAVIORAL  
HEALTH PROVIDERS®**

- No cost training of clinical and non-clinical staff
- Support in working with the military connected community

BM0

## Slide 75

---

**BM0**

Font choice

Broniarczyk, Kathy M, 2025-03-25T19:44:35.244

# Support Training

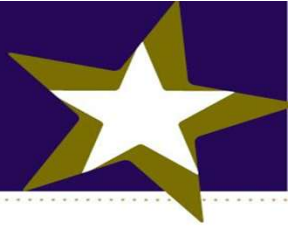
- Train clinical staff through no cost in person and virtual training
  - Military Culture - Tier One
  - Working with the SM/V/F population
  - Evidence based practice
- Train non-clinical staff
  - Attend Tier One, or
  - On demand short course



**STAR BEHAVIORAL HEALTH PROVIDERS®**



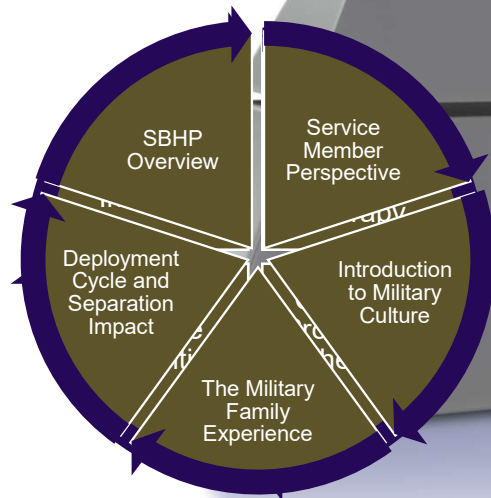
# Training Tiers



**Tier Three (Two days)**  
Evidence-based psychotherapies

Prerequisites:  
Completion of  
Tier One and  
Directory  
Membership

**Tier Two (One day)**  
Overview of Military-Related  
Behavioral Health Challenges

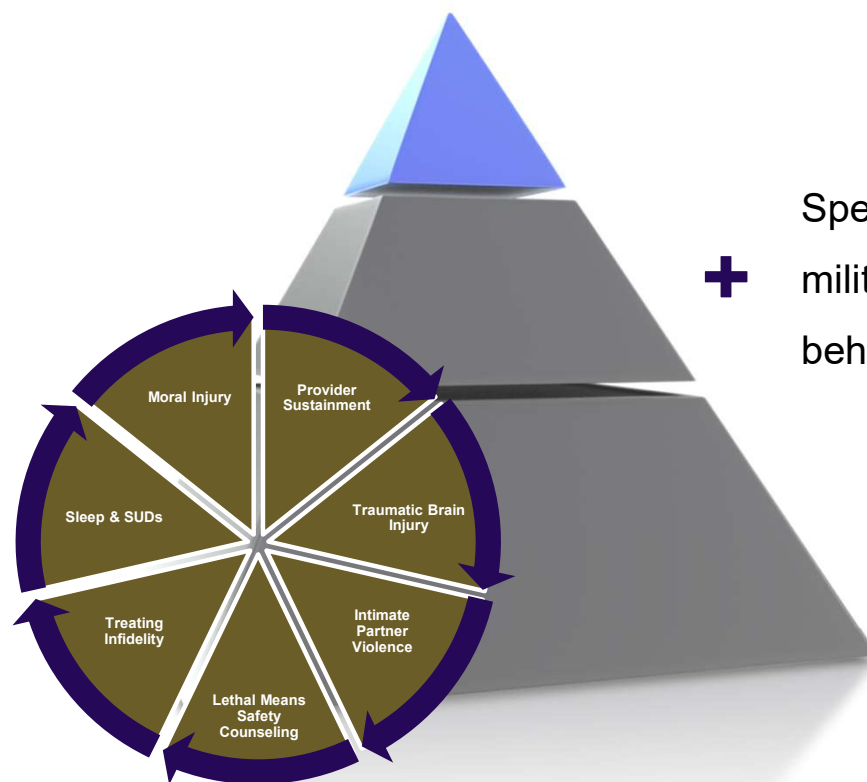
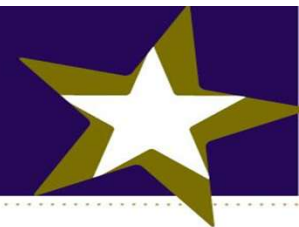


**Tier One (One day)**  
Introduction to Military  
Culture & Deployment



**STAR BEHAVIORAL HEALTH PROVIDERS®**

# Tier S: Special Topics



Special topics on  
military-related  
behavioral health

Prerequisites:  
Completion of  
Tiers One and  
Two and  
Directory  
Membership

**STAR BEHAVIORAL HEALTH PROVIDERS®**



# Connect



**STAR BEHAVIORAL  
HEALTH PROVIDERS®**

- Connect National Guard psychological health staff with community providers
- Connect SM/V/F with a local provider or Community Mental Health Center

BM0

## Slide 79

---

**BM0**

Font choice

Broniarczyk, Kathy M, 2025-03-25T19:45:12.653

# Connection

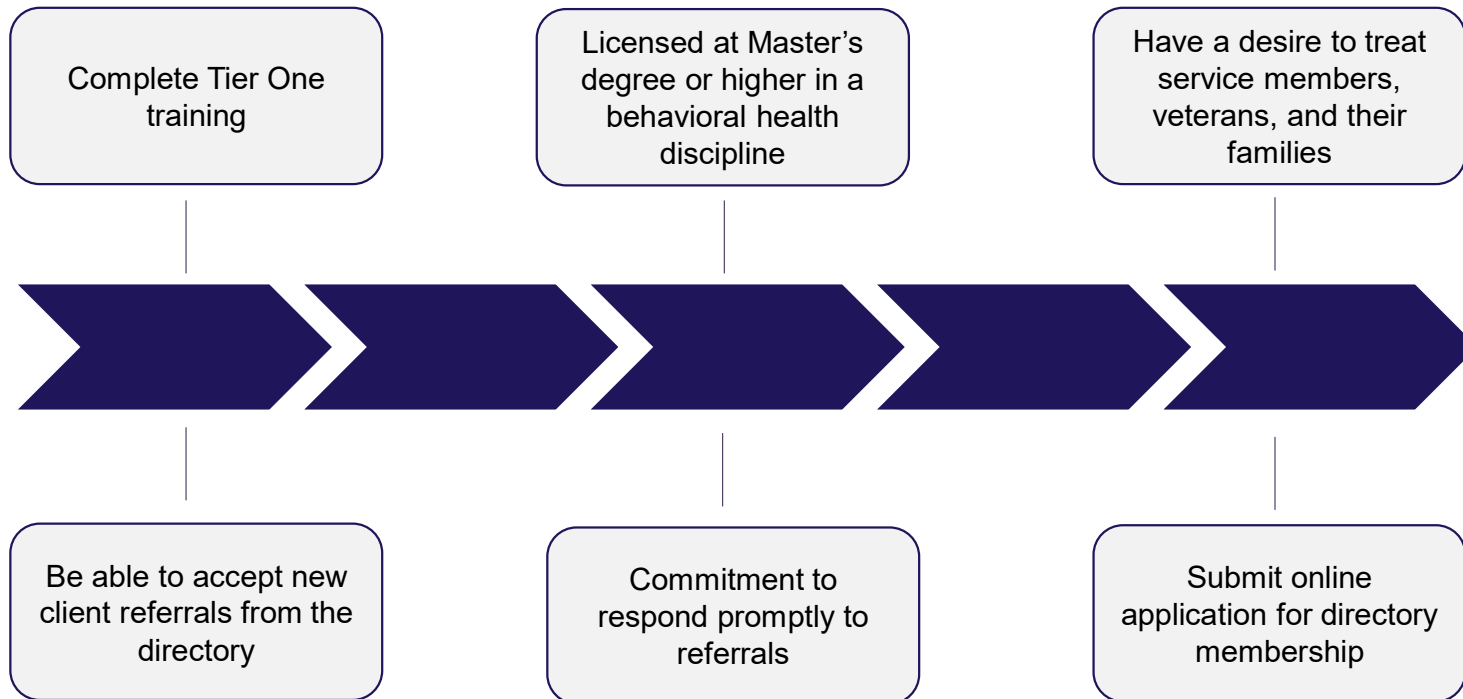
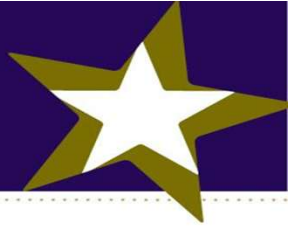
- Connect with a community provider
- Connect a SM/V/F with a CMHC:
  - Clinical staff listing on the directory
  - Procedure for routing referrals through a CMHC admissions process
  - SM/V/F gets connected with trained professional
- Support the CMHC designated Champion with making connection with military related resources
- Connect providers across the nation through a Community of Practice



**STAR BEHAVIORAL HEALTH PROVIDERS®**



# Requirements to Join the Directory



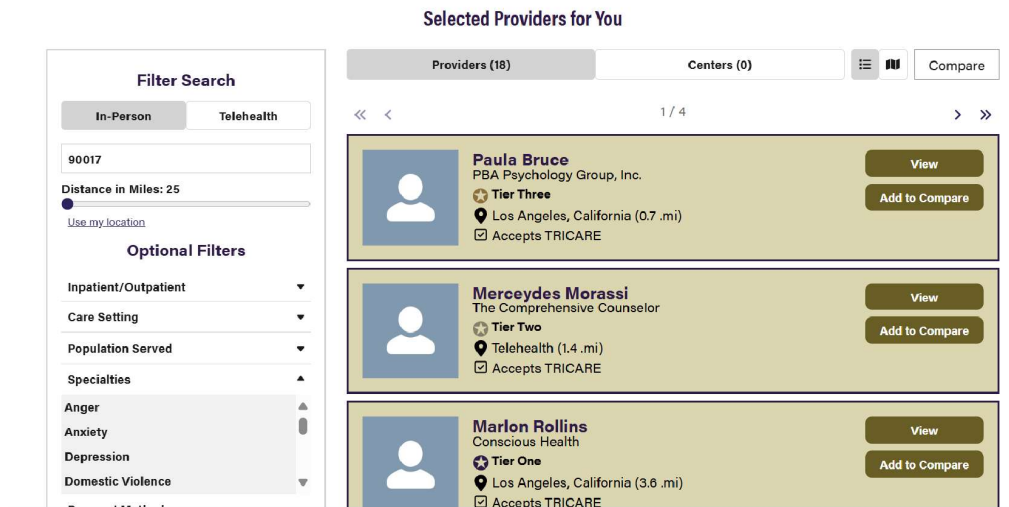


# Directory

- Search by:
  - Setting
  - Telehealth
  - Concern
  - Location
  - Insurance



## New Look. New Features!



**STAR BEHAVIORAL HEALTH PROVIDERS®**

## Slide 82

---

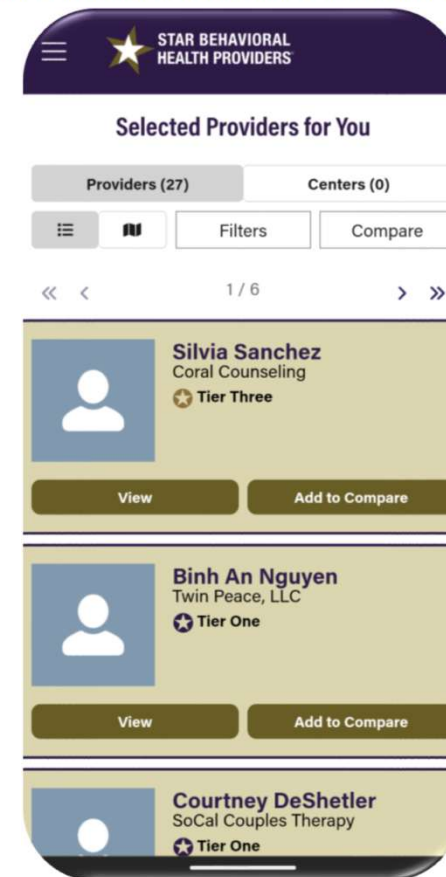
**BM0** The new search will be ready on March 31 - replace this visual with the new look  
Broniarczyk, Kathy M, 2025-03-25T19:45:51.874

# Making connections simple



- SM/V/F can access on their mobile devices.
- Other BH professionals such as National Guard Behavioral Health staff can make referrals on behalf of a SM.
- Military connected family members can search for themselves or family member.

**STAR BEHAVIORAL HEALTH PROVIDERS®**





## Benefits of Joining the Star Providers Directory



### **Serve Your Community**

Expand access to high-quality behavioral health care for the military-connected community



### **Earn CEs for Trainings**

All trainings are eligible for CEs



### **Receive Military-Connected Referrals**

Prospective clients can initiate referrals directly within the Star Providers Directory



### **Connect with NG Behavioral Health Staff**

Directory providers have opportunities to connect with NG BH Staff



### **Join a Network of Resources**

Directory providers gain access to a Community of Practice, engagement calls, and other resources

**STAR BEHAVIORAL HEALTH PROVIDERS®**



# SBHP Offers Trainings & Directory Membership



## What SBHP does not do:

- ✗ Provide payment
- ✗ “Certify” providers
- ✗ Replace military providers
- ✗ Guarantee referrals
- ✗ Provide direct services

**STAR BEHAVIORAL HEALTH PROVIDERS®**

# Star Designation



- Meet criteria in 5 categories: BMO
  1. Policy
  2. Procedure
  3. Staff Training
  4. Community Outreach
  5. Data and Outcomes
- 1,2,3, or 4 Star designation
- Only available in Indiana and Ohio, at this time.



**STAR BEHAVIORAL HEALTH PROVIDERS®**



## Slide 86

---

**BM0** There are 5 categories - you forgot staff training (training is #3, Community outreach is #4, Data/Outcomes is #5)

Broniarczyk, Kathy M, 2025-03-25T19:48:01.571

# Next Steps



[starproviders.org](https://starproviders.org)

**STAR BEHAVIORAL HEALTH PROVIDERS®**

1. Complete a Tier One training
2. Join the Star Providers Directory
3. Attend additional trainings
4. Become a Tricare, Military OneSource, or Give an Hour provider
5. Connect with your local National Guard Behavioral Health staff
6. Engage in the Community of Practice



# STAR BEHAVIORAL HEALTH PROVIDERS®

In Collaboration With



## Stay Connected

**Military Family Research Institute**

[sbphadmin@purdue.edu](mailto:sbphadmin@purdue.edu)

**Center for Deployment Psychology**

[SBHPsupport-ggg@usuhs.edu](mailto:SBHPsupport-ggg@usuhs.edu)

**Follow Star Behavioral Health Providers**



# Community Health Network

*James Kozloski, Veteran Care Coordinator*

*Chrissy Waddups, LCSE CCBHC Project Director*

*Kayla Pritt, CCBHC Program Manager*



# Session 3: Clinical Mental Health for the Military Affiliated Population

## Treatment and Training for Military Clients



**Community**  
Health Network



# Understanding the unique clinical, behavioral, and social needs of the military affiliated population

## Veteran Care Coordinator (VCC)

- VCC attends meetings such as : clinical operations, staff and clinical staff meetings.
- VCC often speaks at the above meetings about characteristics that are valued and part of the Warrior Ethos to include: Service before self, mission first, refuse to accept defeat, and never quit.
- VCC is a 20-year Air Force veteran
- Ability to draw upon experience of working in the Air Force suicide prevention program and providing crisis assessments for military members
- All the above assists colleagues in obtaining a better understanding of the military population.



## Understanding the unique clinical, behavioral, and social needs of the military affiliated population continued

- Key differences between the military and civilian population include:
  - Suicide Risk (Suicidal Ideations, symptoms, and means)
  - People who identify with serving in the military can find it extremely difficult to seek help or disclose personal mental health history or information
- With the Warrior Ethos in mind, I assist treatment teams with developing planned interactions during clinical staff meetings.

## Understanding the unique clinical, behavioral, and social needs of the military affiliated population continued

- Veteran Case Example
- Veteran was an active client with CMHC since 2018. All treatment was billed to Medicaid due to veteran not previously applying for VA Disability.
- Veteran applied for and was approved for 100% VA Disability and 100% service connection.

## Understanding the unique clinical, behavioral, and social needs of the military affiliated population continued

- Case example continued
- VCC coordinated with the VA and CMHC to ensure that Veteran continued to receive the clinical care and support necessary to treat his symptoms and diagnosis.
- With permission, VCC provided veteran's clinical history since being a patient at the CMHC to the VA.
- A plan was developed so that the VA and CMHC partnered to continue providing veteran with the clinical, behavioral, and social needs essential for successful treatment of his Mental health diagnosis and symptoms.

## Understanding the unique clinical, behavioral, and social needs of the military affiliated population continued

- Question from Session 1.
- “Would someone be able to do the veteran's coordinator position if they didn't have personal military experience?”
- Although Therapists and Case Managers may not be familiar with the technical term of Warrior Ethos: Each team member is familiar with values to include: Service before self, person/patient first, and the importance of ensuring that the patient/ veteran continues to receive the clinical care and support necessary to treat his/ her symptoms and diagnosis.
- With the above values and skills evident in our work with veterans and staying closely connected to the Veterans Administration, I believe someone without military experience can be a successful Veterans Care Coordinator.



## Learn about options for provider training for the military affiliated population

- Attend Veteran Events to include the VA Roundtable at the International CIT Conference.
- Relias training for caregivers
- Partnered with the VA Compact and Suicide Prevention Offices to provide the SAVE Training to clinical treatment providers at Community Fairbanks and Community Howard.
- STARS training (continued on next slide with testimonial)



## STARS : Cynthia's story

Tier 1 : Training was located at Logansport State Hospital in April 2015.

Very instructive about military culture - stories and perspectives were given from those involved in the military.

← Cynthia and the rest of the cohort were able to try on military gear.

Tier 2 : Training was located in Fishers in June 2015.

Two-day training. Covered common problems such as TBI, sleep problems, substance use, depression and suicide. Those trainings now seem shortened and most are online.

Tier 3 : Free training provided for Licensed individuals.

Example - Prolonged Exposure Therapy. Cynthia had to pay for the book, but the training was free. This was a great resource to use with veterans as it was another modality to help process trauma.

<https://starproviders.org/providers-tier-training/>



## Learn how select CCBHCs have implemented clinical care programs for SMVF

The Veteran's Care coordinator, coordinates the clients'/ Veteran's care with :

- Providers in our Community Fairbanks network
- Outside providers
- Continue to build partnerships within the larger community
- Staying connected with the veteran's administration for a seamless transition of care for veterans and active members of the armed forces.

# Questions?



NATIONAL  
COUNCIL  
*for* Mental  
Wellbeing

HEALTHY MINDS  
STRONG COMMUNITIES

**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