Veteran Specific Recovery Issues

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- NAZCARE, Inc. is a non-profit, consumer-operated agency providing mental health peer support recovery to people suffering with mental disorders, co-occurring disorders and substance abuse, located in Northern Arizona.

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What is Peer Support?

- A structured relationship in which people meet in order to provide or exchange emotional or physical support and educational awareness with others facing similar challenges.
- Critical in facing, resolving and moving forward in recovery for Veterans.
Peer Support in Behavioral Health

- Education and Training lead to Behavioral Health practices.
- Peer Mentoring and Support
- Peer Coaching and Guiding
- Peer Prevention and Intervention
- Peer Mediation and Advocacy
Peer to Peer Recovery Support

- Offers and Immediate Comfort Zone
- Acceptance
- Relevant experience
- Mentoring & Support
- Knowing the experience
- Owning the experience
Types of Recovery Support are Available?

- One-on-one peer support
- Peer support groups
- Specialized group support
- Substance Use Disorder Support
- Web page blog Support
- Homeless Outreach and Support
- Quick List•Veterans ON-line Application (VONAPP)
  - Enroll/Update Medical Benefits (10–10EZ)
  - My HealtheVet
  - eBenefits
  - Life Insurance Online Applications • VA Forms
- Federal Jobs for Veterans
- http://www.va.gov
Why Peer Recovery Support Works!
Veterans and Recovery

- In almost all ways Veterans have the same recovery issues as others, but there are some issues that can be isolated.
- The issues need to be discussed and explored since these issues occur more frequently with Veterans.
Recovery Now and in the Future

- Some issues Veterans have now
- Currently serving military personnel have
- Currently serving personnel will have.
Facing the Issues

- This is a compilation of issues, it is by no means complete and comprehensive.
Major Issues

Left as an imprint of war.

1. Vivid flashbacks

Flashbacks may occur like a still frame or they may run like a movie, producing racing thoughts, sweats and recurrences of images from the war. These are often painful, intrusive repetitive, and undesired. Flashbacks can trigger PTSD.
Flashbacks Coping Skills

- To avoid the flashback rather awake or asleep, people will turn to using chemicals both legal and illegal as a form of self medication – instead of dealing with the issue of flashbacks.

- When dealing with flashbacks, there are actually three possible options. At the first sign of an oncoming flashback, one needs to quickly determine which option to choose.
The 3 Techniques

- How one uses or combines these techniques and the intensity with which one uses them will vary.
- It is important to note that not all flashbacks can or will be **Controlled or Escaped**. If the triggering event is strong enough, the flashback may overwhelm every attempt made at Control or Escape. During these times, one needs to get to the safest place one can and keep using the techniques to manage **Accept** the flashback.
To Accept the flashback at full intensity, and everything that comes with it is usually the first technique.

At first glance this looks like a ridiculous choice, but one of the reasons one has flashbacks is to help one’s mind process the information contained in the flashback.

There are times that this is the best option because the information is going to come forward at some time anyway. So one needs to prepare and try to control the flashback if only enough to keep one safe.
Recording the flashback on paper, tape or by some other method helps to process and reflect.

This is good to have as a part of a Wellness Plan and I recommend it goes into a toolbox (both physical and mental).
The second option is to Control the flashback, or rather to make an attempt to diminish the effects of the flashback.

In order to Control the flashback, one needs to increase the effort one puts into the coping techniques (see Handout)

I find it useful to also continue to remind oneself that; “I am safe and that I cannot be hurt.”
Controlling

- Is not the full replacement of a flashback but a redirection of the flashback onto a different and safer circuit.
- To do this, one will be using one’s coping tools to interrupt the thought process.
- One may need to interrupt the flashback several times to Control the impact, and it may take several efforts to cause a single interruption.
- Mixing one’s coping methods around and using them in combination are ways of intensifying the attempt at interrupting the flashback.
Controlling and Escaping Flashbacks

- This works by interrupting or diverting the thought processes involved in the flashback.
- Since flashbacks are basically electrical impulses within the brain, by short-circuiting the flashback process one interrupts the impulses.
- When one has a song stuck in one's head, the only way to get rid of it is to hear another song one likes and replaces that song.
- Short-circuiting a flashback is the same thing; one is attempting to replace one's thought process with another.
Escape

• The Escape of the flashback – is to interrupt and divert the thought process and the images.
• Escape may not always be possible, but never give up the attempts – use Grounding Techniques.
• Mix up coping methods and combine them by trying the more intense methods and try new methods.
• Escape is both tiring and difficult but it can be done.
• One thing that one needs to be aware of is that Escape is not permanent and Escape is generally associated with self medication.

• By Escaping the flashback, one is simply putting it off until it is safe to process the information.

• By self medicating, one doesn’t face it but usually re-medicate to avoid the pain and further complicates life and one’s issues.

• One won't get to select when that reprocessing happens either through self-medication.
Nightmares

- The next issue is *Nightmares* that are disturbing in nature, often with associated sleep disturbances (i.e.; insomnia, nighttime awakenings).
- The lack of sleep and racing thoughts is very common in many people, but the nightmares may be based on experiences and may include flashbacks.
Experts say that nightmares are normal after a trauma.

- Having nightmares after a recent tragedy (or any other trauma), is a natural reaction.
- Whenever people feel threatened and anxious, their minds try to cope with the situation.
- Having nightmares is actually a good sign that one is struggling to make sense of the horrific situation.
- It's the brain's way of attempting to accept the unacceptable.
- One might have dream replays of the traumatic event or other nightmares in which you or loved ones are hurt or in danger. (the movie reel)
The past is behind and beyond the ability to change it.

One can affect the present, which will in turn, transforms the future.

Strange as it may seem, one can influence dreams by planning one’s behavior in them and changing how one acts during them.

One can shift from the role of passive victim - to one of active participant.

Instead of running or hiding, one can overcome the dream danger.

By transforming one’s dream, one develops more confidence in dealing with waking threats.

One can focus energy more directly on any waking problem one faces.
Other Dream Techniques

- Start by changing any nightmare in some small way for the better.
- Use your imagination to prepare for better dreams.

Each nightmare one can change for the better is a step toward recovery from trauma.
Social and Emotional Isolation

- Another major issue is social and emotional isolation.
- Even for the people who are married a great deal of social isolation occurs.
- While one was away life went on roles changed, people changed and now one has returned - things DO NOT return to the way it was before one left.
- If one has children, the spouse became the sole person in the children’s lives and played all roles. When one comes back, it just can’t go back to the way it was instantly.
It is important that upon returning one looks to the emotions of pain, rejection, jealously, alienation and feeling like an outsider.

One needs to discuss and slowly regain the role one desires

The issue becomes one has socially and emotionally distanced oneself to deal with the pain of being away, of death, even one’s possible death

And discussion brings about pain.
Because of these factors people isolate and retreat into one’s own world and push people away, especially the ones they love because it causes a greater amount of pain.

Social isolation, alienation, and withdrawal is very common. One tends to pout, become involved in activities for just one, or activities the person knows others will not participate in and then becomes upsets about being alone and not included.
The best way to deal with social isolation is to take small steps to reconnect.

If married – the first step is to make sure that one reconnects with the spouse. Make small dates in which just the two are together and doing activities that once brought them close and intimate.
When one comes back, it just can’t go back to the way it was instantly.

Some children withdraw from a parent that has been gone; some have great separation anxiety and clinging.

Reconnect by: taking each one for walks individually. Play board games with them. Write stories together and find activities in which one is engaged.
Another major issue is remaining detached or emotionally distant from others, even in their presence.

The military trains soldiers to become emotionally detached – if not how could one really deal with all the death and destruction?

Now, we train one to become detached, but one is never trained how to put oneself back together again and reconnect.

Let’s try to understand detachment and then look at dealing with it and putting the emotion back and reconnecting.
Detachment Coping Skills

- Allow people, places or things the freedom to be themselves.
- Holding back from the need to rescue, save or fix another person from being sick, dysfunctional or irrational.
- Giving another person "the space" to be her/his self.
- Disengaging from an over-enmeshed or dependent relationship with people.
- Willingness to accept what one cannot change or control a person, place or thing.
Detachment cont’d

• Developing and maintaining of a safe, emotional distance from someone whom one has previously given a lot of power to affect one’s emotional outlook on life. (especially the power of substances)

• Establishing of emotional boundaries between one and the people one has become overly enmeshed or dependent on in order that all of one might be able to develop one’s own sense of autonomy and independence.

• Process one’s own feelings when one sees another person falter and fail and not be led by guilt to feel responsible for their failure or faltering.
How is detachment a control issue?

- It is a way of de-powering the external "locus of control" issues in one’s life and a way to strengthen one’s internal "locus of control."
- If one is not able to detach emotionally or physically from a person, place or thing, then one is either profoundly under its control or it is under one’s control.
- The ability to "keep distance" emotionally or physically requires self-control and the inability to do so is a sign that one is "out of control."
- If one is not able to detach from another person, place or thing, one might be powerless over this behavior which is beyond one’s personal control.
- One might be mesmerized, brainwashed or psychically in a trance when one is in the presence of someone from whom one cannot detach.
This is another major issue.
Remaining on "high alert" status (hyper vigilance) and scanning the surrounding environment continuously.
It is after all what one was trained to do – so now why once a civilian - one just can’t stop!
Because one was trained and no one told one how to turn it off!
One of the diagnostic criteria for PTSD is hyper vigilance. Hyper vigilance is watchfulness or checking one's surroundings that is over and above what is normal or reasonable.

Hyper vigilance takes many forms. It is what makes some of us always choose an aisle seat or one where our back is to a wall. It's what makes some of us carry defensive weapons such as guns, knives, mace or pepper spray, a police whistle or a cell phone set to 911.

It makes some of us cross the street to avoid suspicious people. Some of us have alarm systems, multiple locks, window locks, high fences, guard dogs, etc.

This cluster also includes difficulty sleeping, irritability or outbursts of anger, difficulty concentrating, and exaggerated startle response.
• However, the "hyper" in hyper vigilance suggests that we do more than is normal or reasonable.
• It is too much because it is an inconvenience or an encumbrance.
Desired Outcome

• Gain an increased understanding of the sources hyper vigilance, acknowledge its advantages and disadvantages.
• Increase the ability to manage unwanted behaviors that are driven by hyper vigilance.
Noise Responses

- Obvious startle responses to loud noises, being approached or touched by others.
- Many of our soldiers, especially Special Forces were trained to respond quickly and violently to all of these, so again how does one turn the switch off?
There are several approaches to reduce these issues:

1. Relaxation and Mediation Techniques are the best coping tools.

2. Relaxation with soft music that leads up to loud banging “heavy metal” type of music. This allows one to slowly condition a variety of noises into one’s cognitive system while staying relaxed and controlling the situation.

3. Touch therapy – this doesn’t have to be done by a therapist – but one can go to support groups that teach one to become accustomed again to touch.
Boredom is a major issue and the number one risk factor in recovery, especially substance use recovery.

Excessive boredom with the commonplace and ordinary aspects of life on the home front really impact a Veteran.

Veterans returning are thrill-seeking and looking for the "adrenalin rush", while posing unnecessary risks to self and family members.

This behavior is caused by hyper vigilance.
Questions & Discussion

![Curious](image)
Finding Worth Issue

• Finding little worth, meaning, or purpose to life on the home front and longing to be back in the war zone to find a common feeling is very common among Veterans.
• Many people re-enlist and/or ask to return to war zone action because live at home seems mundane and worthless.
• Before they were protecting, defending, giving the greatest sacrifice and now one is just another person that blends into the rest of humanity and some people don’t even know you are a Veteran!
Leaving the Military Challenges Your Identity

- One worked hard to become Sergeant Smith, Petty Officer Lee, or Captain Jones.
- When asked one replied, "I'm in the Army (Air Force, Navy, or Marines)."
- Now one is starting over as a civilian.
- Now just plain Bob, John or Alice.
- Changing careers is a stressful undertaking, perhaps even more so for those leaving military service after many years.
Research has shown leaving military is a major life change. These stages very are present as trauma:

- **Denial:** "This is not really happening," or "This is not happening to me."
- **Anger:** Directed either at self or at others.
- **Depression:** Often accompanied by a sense of helplessness.
- **Acceptance:** This is the turning point.
- **Resolution:** Begin to take the steps necessary to return to a normal state.
Coping With Transition-Related Stress

- The experiences of thousands of Service members who have recently separated suggest that this transition is likely to be stressful.
- Previous “Transitioners” have found several tactics extremely important in dealing with the stress related to separation from the military:
Transition cont’d

• Get going: Work through the grieving process and do not procrastinate.

• Sell yourself: One has a great product—YOU!

• Work at it: Work at planning your transition as if it were a job. Take time for self and family.

• Lighten up: This is probably the most important piece of advice. Do not lose one’s sense of humor. An upbeat disposition will see one through.
Transition cont’d

• Keep family involved: One’s family has a large stake in transition. They are experiencing many of the same feelings, worries, and uncertainties. Get family involved in this process. Let them in on plans and ask for their input throughout the process. It's their life too.

• Volunteer: Consider doing volunteer work: charitable actions will help others and assist you in getting to know the community beyond the military installations.

• Take a change management course: Consider taking a change management course before stress appears, or at the first signs of stress.
Another major issue experienced by military persons

- Preoccupation with bitter and angry feelings directed towards a society or government for maltreatment, exploitation, and failure to keep promises.
- The military trained one and one was a good soldier, served well, did one’s duty and now –
- now one finds one’s self fighting the very institution and systems one fought to defend – it just isn’t right – not fair unjust and one becomes very angry and bitter.
WAR ZONE SURVIVAL MODES

These survival modes affect wellness and need to be addressed.

1. Instinctual and genetically based fight or flight reactions: engaging and destroying the enemy; withdrawing and retreating in order to return to combat missions day after day – how to do deal with this now?
Tunnel vision: preserving an intensely focused state of mind to assure full attention to tasks and missions at hand, while unmindful of surrounding events.

1. The inability to switch out of this mode may severely impair relationships with loved ones and prevent full enjoyment of what life has to offer.
Modes Cont’d

- External discharging of emotions: finding means to discharge pent up stress, anger, frustration, grief and loss, fear, anxiety, and an assortment of negative emotions, critical to survival in the combat theater; these must be set free to thwart the fueling of continued internal anger, previously directed at the enemy.
Challenging faith in a higher power: many find that faith cannot sustain them when forced to confront killing and brutal crimes against humanity in order to save their own lives and the lives of their fellow soldiers.

1. Spiritual conflicts are carried home, with lingering questions as to why a higher power would allow one to take a human life, for chaplains to bless troops before engaging the enemy, and for so much human suffering and loss of life to occur; re-evaluating one's own morals and values may bring about significant distress and a multitude of unanswered questions that plague the soul.
Women make up approx. 12% of the Veteran population.

- Lack of Specific Female Recovery Groups
- Heightened PTSD, especially around sexual abuse issues
- Heightened rejection and isolation
- Heightened Family Abandonment and Rejection Issues
Female Support Groups

- Linking Female Veterans through: emails, online blogs and web-pages
I am first trying to recovery from a physical disability.

- I feel pain both physical and mental.
- I am no longer whole.
- I feel abused and neglected by the country I gave my physical, emotional and spiritual health for.
- I am rejected and “damaged goods”
SURVIVAL STRATEGIES

HAVE A NEGATIVE IMPACT ON THE HOME FRONT

1. Rage, Agitation, and Frustration- Rage directed at the enemy promotes survival in the war zone, but may not serve the soldier or his/her family well on the home front.

2. Dehumanizing the Enemy - Wartime training fosters a standard detachment tactic: to dehumanize the enemy and to perceive them as evil, immoral, and cruel, and inhuman.

3. Social Isolation and Alienation- Emotional detachment is readily promoted by withdrawing from others. On the other hand, the remarkable bonds formed in times of hardship and adversity can sustain brother and sister soldiers through what might otherwise be unendurable.
• 4. Substance Abuse- Drinkin' and druggin' are the most commonly used means of numbing oneself out from what one prefers not to feel and escaping the pain from feeling. Traditionally, alcohol intake is promoted in military circles and is usually low-cost and very readily available.

• Even in harsh and/or combat environments, soldiers have demonstrated remarkable resourcefulness in the acquisition or manufacture of alcohol and recreational drugs.

• Soldiers who arrived in theater with substance abuse problems may return with even more serious problems.
5. Risk-Taking and Thrill-Seeking - The adrenalin rush of wartime is a potent cocktail that can be physically, behaviorally, and psychologically addictive. A hankering for danger can be a hard habit to break. Though this may permit survival in combat and combat-related missions, becoming a thrill junkie may be very difficult to surrender upon return to the home front.

Looking for life in the fast lane and living on the extremist edge of disaster is likely to plunge the soldier right back into memories and emotions that characterized their wartime experiences. Like a crack addiction, there is no easy switch for shutting this off.
6. GALLOWS HUMOR- Laughing about the endless horrors and chaos of war may be absurd and otherwise inappropriate, but finding amusement in the terrible, forges bonds of camaraderie and friendship in times of devastation and loss.

The tremendous picking on, teasing and gossiping about other Veterans is a part of the Gallows-Humor. Initially, this allows soldiers to stop themselves from confronting genuine feelings in regard to the grisly and repulsive nature of war.
WHAT YOU BROUGHT HOME

- Fully recognize strengths and abilities for coping with trauma, tragedy, and homecoming.
- Active coping is an ongoing process and not an automatic cure for what ails. This means developing both an awareness and acceptance.
- This road to recovery and overcoming the overwhelming calls for resilience; the ability to adapt to trauma, hardship, adversity, tragedy, loss, grief, anger, and the entire burden of wartime experiences.
Recovery Services

- Support by Disabled Veterans
- Peer Support by another Disabled Veteran
- Family Support Services
- Vocational Rehabilitation
- Community Support
- Recreational Reconnection
Recovering at Home

Fully recognize your strengths and abilities for coping with trauma, tragedy, and homecoming.

- Use Veteran Support Groups
- Use Family Support Services
Use Active Coping Skills

Active coping is an ongoing process and not an automatic cure for what ails.

- This means developing both an awareness and acceptance of how trauma has impacted one’s life and taking action to resolve the feelings and behaviors that accompany trauma.
- Coping calls for a mind set, an attitude, and habit patterns that must be fortified.
Resiliency

This road to recovery and overcoming the overwhelming calls for resilience;

- The ability to adapt to trauma, hardship, adversity, tragedy, loss, grief, anger
- The entire burden of wartime experiences and their far-reaching impact.
- This path is not free from distress, but one must work through in order to get through.
Military Resiliency

- The military did train a soldier to be resilient in battle.
- Time to call in this training at home and face the real battle one is going through.
Traits that are closely connected with resilience

- The ability to make future plans and to be goal-directed and carry them out.
- Belief in yourself, your capabilities, your strengths, and your assets.
- The ability to communicate feelings and thoughts openly.
Resiliency cont’d

- Skills in problem-solving
- The ability to cope effectively with intense emotions and behaviors triggered by them.
- Know that reactions to one’s experiences are normal reactions to abnormal life experiences. War is certainly an extraordinary series of life events.
Recovery Support Services

- Research by the Veterans Affairs Administration and other Research studies cite Peer Support Services to the KEY is returning a Veteran to a Productive Life and walking the Road to Recovery!
Thank You!

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