

Serving Veterans with Substance Use Disorders

INTRO: Welcome to the National Veterans' Training Institute Podcast Series, where we discuss pressing issues affecting today's veterans.

HOST: Hello and welcome to today's NVTI podcast, Serving Veterans with Substance Use Disorders. My name is Hannah, and I have a wonderful panel joining me for the podcast today, Let's start by each of you just introducing yourself. Tell us where you're from and then tell us a little bit about your current role. And Marlon, if you'll get us started today, we'll...we'll take off.

Marlon: Sure, Hannah, I'd be happy to. Hello! My name is Marlon Burton, and I am the Illinois Director for the Department of Labor Veterans' Employment and Training Service or better known as DOL VETS. I started this position in July of 2020. As the State Director for VETS, I direct, conduct, and implement many diverse programs to serve the needs of veterans throughout the state. Additionally, I am a 25-year veteran of the Illinois Air National Guard and currently serve as the Illinois State Command Chief. Prior to VETS, I served in many law enforcement roles, from Correctional Officer, Senior Parole Agent, and Deputy U.S. Marshal. In my role as a Senior Parole Agent, I provided substance use preventive coaching to hundreds of clients with substance use disorders and often worked in coordination with several field service agencies to provide these same clients with cognitive behavioral therapy and substance use disorder counseling. I have a Bachelor of Science in Criminal Justice from Missouri Western State University, a Master of Health Science in Addiction Studies from Governors State University, and a Master of Arts in in Criminal Justice from GSU.

Darrick: Hello, I'm Darrick Cunningham. I am the Director, Division of Services Improvement within the Center for Substance Abuse Treatment or CSAT, Substance Abuse & Mental Health Services Administration, probably better known as SAMHSA. I am a Board Certified, Independently Licensed Clinical Social Worker with advanced international certification in substance use disorder. I entered the Air Force initially as an

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enlisted service member, Airman Basic E-1, and ultimately retired from the Air Force 30 years later as a senior military officer. That service included 6 deployments. I am also a service-disabled combat veteran. As a director, I lead a team of 45 Government Project Officers, 3 supervisory staff, and one administrative support staffer. I oversee the management of 16 unique discretionary grant programs, two large contracts, and one intra-departmental delegating agreement or IDDA.

Holly: Hello, my name is Holly Geyer. I'm a physician with the Mayo Clinic and an Associate Professor of Medicine as well as a consultant in the Division of Hospital Internal Medicine. I also serve as chair of our Opioid Stewardship Program at Mayo Clinic and oversee our campus as Medical Director of Occupational Health. I am the author of the patient education book on pain and opioids called "Ending the Crisis: Mayo Clinic's Guide to Opioid Addiction and Safe Opioid Use." I have authored roughly 120 journal articles, book chapters, and abstracts as well as partnered with state programs to develop opioid stewardship policies and integrate standard-of-care treatments for addiction.

Fred: Hello, I'm Fred Volpe. I'm the branch chief in the Center for Substance Abuse Prevention at SAMHSA. I am a Vietnam combat veteran. Previously, I worked with veterans in a substance abuse treatment program as well as in a community mental health center. I then worked for the Office of Mental Health in New York State.

Nancy: My name is Nancy Ise, and I work for the Department of Labor, Veterans' Employment and Training Service as an Assistant State Director in California. I am a United States Navy Retired Officer. I work with state, public, and private agencies and companies in assisting veterans and transitioning service members with employment issues, and we also do protection for employment for veterans and military reservists. I have a graduate degree in counseling and psychological testing, plus additional training in Drug and Alcohol Counseling.

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HOST: This is a wonderful and knowledgeable group and I feel like we have a great group to speak on this particular subject. So, thank you all for joining us today. And I do think that we want to start by ensuring that everyone understands what a substance use disorder is. To make sure that we're all starting with the same definition. So please share the definition of a substance use disorder with us. Fred, if you wouldn't mind, let me ask you to go first here.

Fred: Yes, the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, or DSM-5, defines a substance use disorder based on eleven criteria or symptoms. Fundamentally, there are four categories: impaired control, social problems, risky use, and physical dependence, and three levels of severity that are noted as mild, moderate, and severe.

Darrick: Additionally, SAMHSA's definition states, "substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home."

Marlon: I concur with SAMHSA's definition, which asserts that substance use disorders affect people from all walks of life and all age groups, and no one is exempt. Furthermore, the disorders are common, recurrent, and can be detrimental; however, with the appropriate intervention, the disorders are treatable, and many go on to have productive lives. Additionally, the disorders can affect interpersonal relationships and daily choices. Lastly, substance use disorders affect individuals mentally and can alter their thinking, moods, and behavior.

Holly: As you can see, there are many definitions, and while all are fairly similar, I really like the way American Society for Addiction Medicine, or ASAM, defines it. They state, "Addiction is a primary, chronic disease of brain reward, motivation, memory, and related circuitry, and that dysfunction in these circuits leads to characteristic biological,

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psychological, social, and spiritual manifestations. And this is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.”

HOST: Thank you so much. Now that we have that understanding, some definition of what we’re talking about when we say substance use disorders. So, what are the most common pathways to a substance use disorder? In other words, how do people end up with a substance use disorder? Darrick, if you wouldn’t mind going first?

Darrick: Absolutely. Thank you, Hannah. There are many, both biological and environmental, but I’ll mention a very important one. The experience of trauma, such as physical or sexual abuse, domestic violence, war, disaster, and many others, is often a precursor to or associated with alcohol and/or excessive drug use, mental health problems, and related issues.

Marlon: Darrick, I agree. In my experience, an individual’s environment is a dependent variable to their substance use disorders coupled with biological makeup and an individual’s coping mechanism.

Holly: As others have already stated, we recognize that there are several pathways, and I think it’s key that we in society understand these pathways so that we can begin to destigmatize the disorders.

I would call out one pathway, which is chronic exposure. You know, we often hear stories of functional individuals leading normal lives who get put on opioids for what we believe to be legitimate reasons. But their prescribers do not monitor them. They weren’t screened appropriately before the drugs were started and then they are continued on those drugs for far too long. The data shows that in many cases, these opioids are continued potentially for decades. And we know that this can lead to brain rewiring, that rewiring can haunt them for years. And these aren’t people who came to the substance use disorder with other problems underlying them, like mental health

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disorders that would drive it. You know, they weren't using these drugs to get a high. They trusted their providers and the system failed them. They thought they were getting them appropriately, and things devolved. I would say that's a good portion of the American population that was created through the opioid epidemic.

Another group I would call out are those that use substances for pharmacologic coping. These are people who have kind of a baseline history of trauma or emotional disturbances or mental health problems and that can make these drugs, which often have sedating properties or emotional alleviation properties, very tantalizing as quick and easy fixes. The problem is that their long-term consequences very much can compromise their short-term gains, and, in the end, they actually become the problem as opposed to the solution.

And then I would call out that final pathway, which is the one we most often think of the recreational use pathway. These are the individuals using the drug just to get high. And I would say this is a lot of our teenager, young adult population. You know, they're out there experimenting. They want to have fun with friends and then sometimes they end up taking more of that chronic exposure pathway. The more these drugs are used, the more that person then begins to develop tolerance and then withdrawals, and then unfortunately they just get stuck in that pattern of addiction.

HOST: Great input. We do need to understand upfront that substance use disorders are complex and stem from and develop in many different ways, and that a substance use disorder and the individual that it impacts does not have a single type or look.

Another important topic that that we need to transition to is for those working with veterans with substance use disorders. I know it's beneficial to understand the treatment options that are available. So, what types of treatment are available for substance use disorders? Holly, if you'll get us started here.

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Holly: Sure, Hannah. I would say the best evidence is for something called the biopsychosocial-spiritual approach: This essentially means treating the whole person holistically. Now this can involve using medications that help with both symptoms, as well as any underlying disorders and mental health conditions. It also means offering counseling and other integrative health activities, as well as addressing social issues and spiritual needs. It is critical for those in treatment to have access to resources and support services that are related to their ability to reintegrate into society. For example, a having relapse action plan developed, addressing housing or food and financial security are all key components.

Darrick: There are many available therapies and treatments for substance use disorder, but I'll mention the importance of pursuing evidence-based treatment. This could include inpatient or outpatient care, counseling, medication-based treatment, or others. SAMHSA's Evidence-Based Resource Center is part of SAMHSA's comprehensive approach to identifying and disseminating clinically sound and scientifically based policies, practices, and programs. This approach enables SAMHSA to more quickly develop and disseminate expert consensus on the latest prevention, treatment, and recovery science; collaborate with experts in the field to rapidly translate science into action; and provide communities and practitioners with tools to facilitate comprehensive needs assessment, match interventions to those needs, support implementation, and evaluate and incorporate continuous quality improvement into their prevention, treatment, and recovery efforts.

HOST: Thank you. Now, let's talk about the progression and goals of treatment. What should veteran service providers know about the progression of treatment, as well as the potential for relapse? Darrick, let's get you to start us off here.

Darrick: The primary goal of treatment is recovery. Conducting a comprehensive bio-psycho-social-spiritual assessment helps determine additional goals. Goal

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establishment/treatment planning is a collaborative process where goals are co-developed/established and tracked.

Holly: I agree with Darrick and to add to what he shared, really the goals of substance use disorder treatment include: Abstinence, Recovery, and Relapse Prevention approach. I am going to repeat that: Abstinence, Recovery, and Relapse Prevention. Abstinence essentially means not using the drug, but that's going after the disorder, not the whole person, right? You know, if you think about it, you can be not using drugs actively, but does that improve your relationships or all the harsh conversations that you had with your spouse in the past? Does that help you get your kids back through the court system if you lost them due to drugs? How about helping with all your prison related offenses or help you go back with food insecurity or housing? None of those things, right? All of those are bundled into the concept of recovery. Recovery is getting your whole life back, and I think, in most cases, abstinence is going to be a key component of recovery, but it isn't defined by it. You know, for the general public, understanding that they're not synonymous is key.

And I would talk about relapse prevention being a big part of all of this. We recognize that it's one of the main things we're targeting throughout the life of the individual. We recognize opiate use disorder and other substances as being relapsing disorders and that's a set up for failure down the road. So, addressing it and having that plan available is key.

Marlon: It is so important for individuals receiving treatment for substance use disorders to remain hopeful. Having a good support system is often key to success.

Fred: I would emphasize the importance of support systems, particularly groups or other support systems, ensuring there's routine regular support for folks that allows them to develop trust with others and express their feelings in an open fashion.

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HOST: Military life comes with unique factors and challenges and that transition from the military to veteran status then has other additional unique factors and challenges including, and I think it's really important that both Marlon and Fred talked about the need for a support system and how important that is because when you go from the military to veteran status, in a lot of cases you're losing a really critical support system in some cases. There are also other risk factors for substance use within that that transition.

So, what are some of the risk factors that veterans may have for substance use disorders that a veteran service provider should be aware of upfront?

Nancy: Perhaps they are relying on drugs to mask or make them forget the losses of teammates and/or other battlefield actions. They may have guilt that needs to be addressed and worked through. It is important to help them find resources to help them through that guilt.

Darrick: Veterans may have experienced trauma exposure, prolonged distress, and isolation from family of origin/communities of comfort. Whereas the military has made tremendous progress in this area during my tenure, there were isolated environments that encouraged excessive substance use such as a work hard, play hard mentality.

Holly: Right off the bat, military members and veterans may have demographic risk factors like younger age and male gender that put them at risk. There can also be environmental exposures, such as receiving pain medication for injuries, and then add to that any mental health disorders such as a history of trauma, depression, or anxiety. Altogether, these can increase the risk of developing a new substance use disorder.

Fred: As others have said, experiences the veteran had in the military can be an important factor. Also, many have trouble readjusting to life after those experiences.

Marlon: I agree. Adaptability to the civilian sector can be a huge factor. Some veterans struggle with this when leaving the military.

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HOST: Now we know there can be a stigma around substance use disorders. Therefore, it is not at all unusual for people to avoid disclosing that they might be struggling with one. When veteran service providers are working with their veteran clients, what are some warning signs that might signal a veteran has a substance use disorder? Marlon, what are your thoughts on this?

Marlon: Sure, a veteran service provider might notice their veteran client is withdrawn or perhaps seems isolated from others.

Nancy: Yes, I agree with Marlon. You may notice they have a lack of social connections or any type of normal recreational activity. A veteran with a substance use disorder may no longer be connected to family or past friends. Additionally, some may show a lack of attention when we are speaking to them. They may be anxious or have difficulty focusing on the conversation. They may also be irresponsible when it comes to tasks and appointments. They might hold short-term jobs or may not be able to retain a job. Finally, they may have neglected their appearance.

Fred: A veteran may admit to substance use. When speaking with them, they may share things about their perception of their current life or their image of themselves that points to more serious substance use issues.

Darrick: The Diagnostic and Statistical Manual, Version 5 lists physical, psychological, and behavioral indicators that point to a substance use disorder. However, it is important to take into consideration each veteran as an individual. If there seem to be indicators, allow the veteran a safe place and the time to share their individual circumstances, and, when they do, have a ready-made, in place network of service providers so that you can assist the veteran in finding proper support.

HOST: Great input. Thank you all. So, now let's say you suspect that a veteran client is experiencing a substance use disorder. How can you respectfully initiate that conversation or can you? And compounding, of course, the difficulty with that is that we

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know that complete confidentiality can't always be guaranteed. How do you approach this? Fred, if you wouldn't mind, start us off.

Fred: Yes, Hannah. I have found it is important to share your own personal history related to the issues your veteran client has shared. Demonstrate patience with the veteran as they share their story and always use active listening.

Marlon: It is important to express empathy but be transparent in your observation and attempt to create an open dialog in a safe space.

Nancy: If you are in a professional setting, as a veteran service provider, it is important to let the veteran know that while there is not a guarantee of confidentiality, what they discuss will only be shared to assist them.

Darrick: Thank you, Nancy. I absolutely agree with what you shared.

Privacy/confidentiality/HIPPA rights must be shared depending on the setting and clearly understood upfront. Establishing trust and rapport is important. Starting where the client is, self-determination, insight, and other treatment principles guide my interaction with the client. Our focus on respectful initiation means that we allow the client to respond to open-ended questions, not leading questions. This allows the veteran to tell their story while you gather needed information to help the veteran get the assistance with what they individually need.

HOST: This is so helpful, thank you. It is also possible, depending on the situation, that there may be some legal considerations regarding substance use disorders, employment, and the workplace. Are there legal considerations veteran service providers should be aware of?

Marlon: As a First Sergeant in the military, I dealt with similar situations, and yes, it is possible that veterans can find themselves in legal situations surrounding their

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substance use disorders. As veteran service providers, there may be situations where they will want to report if a veteran discusses harming themselves or others. Also, there are zero-tolerance policies involving the workplace that would need to be considered when working with veterans with substance use disorders.

Darrick: Occasionally, veterans are referred by their employer secondary to substance use disorder-related conditions of employment violations. For these circumstances, the company's Employee Assistance Program is generally involved, and the veteran's ability to continue employment is contingent upon successfully completing treatment. I once provided care to a military veteran, who had become a police officer in a major city. He was diagnosed with an opioid use disorder, but due to articles in his collective bargaining agreement, he was still allowed to bear arms/carry a weapon. Veteran service providers must be well-versed in the law and policies of their states and local governments.

Holly: I'm going to take off my addiction medicine hat and put on my occupational health hat for this one. I think it's key that both veterans and the individuals that are in the process of employing them understand the impairment policies in the workplace. It's also key that they discuss the institutional second chance agreements or if they even exist and what would constitute termination. Keep in mind there are disability and FMLA considerations as well, and these may differ by state.

Nancy: If focusing on employment, you have to ensure that you do not place them in a position that is too stressful or a site that might be dangerous to themselves or others if they were to relapse.

HOST: It is crucial that veterans feel comfortable when seeking out services and resources when working with veteran service providers. In what ways can a veteran service provider show empathy and provide a welcoming environment for veterans who may be facing substance use disorders?

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Marlon: Be transparent, fair, non-judgmental, and consistent.

Fred: I have found that it can be beneficial to display my own personal veteran articles and to discuss my own experiences as a military member and veteran.

Darrick: Roughly 7% of the US population has served in the U.S. military. Showing reverence to the brave men and women who took the sworn oath to protect and defend the Constitution must be genuine and openly expressed to veterans. Active listening, nonjudgement (especially important as some duties may carry a sense of shame), and respect are a few ways of demonstrating empathy.

Holly: As with so many other scenarios in life, it's all about relationships. And I would say if there's opportunity to build peer mentorship programs within the workplace, consider that. I would also look at minimizing workplace activities that may promote relapse. This could be drinking at parties or hosting happy hours. And then consider regular check-ins for stress evaluation.

Nancy: I think it is important to not be judgmental. Listen to them and provide referrals to other service providers if you cannot help them.

HOST: Great input. I heard a lot on nonjudgmental service, rapport, and relationship building and empathy as well as referrals. And we're going to get into services a little bit more right now because we know that those can be critical to...to long term to sustained success. So, what services are available to assist veterans with substance use disorders? And while we're talking about that, let's also fold in there services or resources that are available to support the veteran families.

Fred: Veteran service providers should try to have information on services that are available, as well as the contact names of people in agencies who can help within the community. Having this available and ready to go when the veteran or their family needs it can be very, very helpful. And you know you need your index cards right in

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front of you, and your personal relationship with who you're referring to is very important in this situation.

Marlon: This podcast will include a resource guide with links to many of the resources being shared, but I will list a few that you can find in the guide. These include Military One Source, EAP for federal employees, American Job Centers, veteran organizations (for example, the American Legion), and Family Readiness. There are also local, county, and state resources available.

Darrick: There are thousands of programs providing services, I'll mention a few but again, this podcast is accompanied by a resource guide. A good start is the SAMHSA Treatment locator at samhsa.gov/find-help. Also, the primary purpose of the Department of Veteran Affairs is to provide benefits and health care to military veterans. As a veteran, I was greatly assisted by the Vet Center, which is a nationwide network of community-based counseling centers that provide a wide range of social and psychological services, including professional readjustment counseling to eligible Veterans, active-duty service members, including National Guard and Reserve components, and their families. Readjustment counseling is offered to make a successful transition from military to civilian life or after a traumatic event experienced in the military. Individual, group, marriage, and family counseling are offered in addition to referral and connection to other VA or community benefits and services. Vet Center counselors and outreach staff, many of whom are Veterans themselves, are experienced and prepared to discuss the tragedies of war, loss, grief, and transition after trauma.

HOST: As Marlon and Darrick both noted, please do access the included resource guide. You'll hear some additional resources that will be in the guide as we go through this podcast, but that should be really valuable to you now.

We reviewed the services available to veterans and veteran families, but what about the veteran service provider? What additional resources are available for veteran service

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providers to help them work more successfully and effectively with veterans with substance use disorders?

Fred: As Darrick pointed out, a great resource for veteran service providers needing support or services are community-based veterans outreach centers. They typically have a whole array of contacts and issue, referral capability.

Marlon: Local and county substance use disorder organizations can be helpful, as well as non-profit networks and SAMHSA are good for literature.

Darrick: Again, there are many, but I'd like to call out a very important SAMHSA effort. SAMHSA has long invested in a Military and Veterans Affairs Liaison. This liaison is currently Stacey Owens, MSW, LCSW-C. Stacy leads internal and external efforts that support Veterans and their families. Her engagement spans the Federal Government and has a significant national/commercial footprint. She is intimately involved with the SAMHSA-funded, Service Members, Veterans, and their Families Technical Assistance also called the SMVF TA Center. The SMVF TA Center serves as a national resource to support states, territories, and local communities in strengthening their capacity to address the behavioral health needs of military and veteran families. Another valuable resource is the SAMHSA store. The SAMHSA store features free veteran related publications, apps, and other resources on treatment, prevention, and recovery for mental and substance use disorders. Use these resources to help develop your events and activities, to distribute as handouts for participants, or to gain a better understanding of today's critical topics.

Nancy: There is the VA and local collaboratives. These collaboratives are made up of many agencies that normally have medical, as well as universities, non-profits, churches, and legal assistance associated with them that can provide specific help/advice.

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HOST: Great. Thank you all for sharing those services and resources. Until this podcast, I had no idea SAMHSA invested in a Military and Veterans Affairs liaison, and that's such a critically important position.

Now, we also know that finding employment can often be a struggle for veterans, and in particular for a veteran with a substance abuse disorder. Would you share how veteran service providers help veterans with substance use disorders achieve their goal of finding employment?

Fred: One thought would be a veteran service provider may want to recommend that the veteran maintain prior employment contacts and list prior managers who can speak to the veteran's track record and credibility as referrals.

Marlon: Help create an Individual Development Plan, linking significant others with this plan, involving non-profit organizations, and American Job Centers.

Darrick: Partnering with/referring to the Vet Center, Department of Labor, or Department of Commerce are a few of thousands of employment resources. These agencies are connected locally and are able to further refer and match veterans with desired employers.

HOST: Building partnerships and the completion of those individual plans are talked about all the time in NVTI courses, and I'm glad to hear them noted here. As important, it's also important for veteran service providers to understand the challenges faced by veterans with substance use disorders in acquiring a meaningful career or a job. So, let's talk a little bit about how a history of a substance use disorder can impact how employers might view a veteran who is seeking employment.

Fred: Service providers need to understand that while employers may be open to giving veterans a chance, they may be wary of a veteran with a history of a substance abuse disorder.

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Marlon: It may impact the timing and various outcomes, but both parties must remain hopeful, and providers should help the veteran instill integrity practices. Ultimately, veterans must stay committed to the development plan.

Darrick: Encourage viewing from a strength-based lens. Clients in recovery are resilient. Widely held/ presumptive fear-based/unfounded risk narrative must be challenged.

Nancy: Most employers just want to know that the person is qualified. They're going to show up and do the job they were hired to do each day without using while on the job. Some employers want nothing to do with those who have a history of substance abuse, while others are more understanding and will take a chance and give them an opportunity but may have some caveats or rules about substance use as grounds for termination.

HOST: That's an important transition here because we know talking about substance use disorders is usually pretty uncomfortable. So, let's talk a little bit about advice for a veteran around discussing their experience with a substance use disorder with an employer or potential employer. What can you say about this?

Fred: Tell your story to the potential employer and just be open and honest about your experiences and where you are now making reference to the job and how you can best achieve what that employment would offer.

Marlon: Be transparent, coupled with being motivated and honest. Take advantage of the resources shared by veteran service providers or employers.

Darrick: Strength-based messaging is important. Show them your resilience. It is also important to be informed about employers' policies on substance use prior to disclosing, as many businesses and organizations have zero-tolerance policies.

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Holly: Gosh, I would tell the veteran to sell the big picture. They are not the anomaly in the world of addiction. The reality is that the employer is likely to already has a number of people with this issue already on staff. If you think about it roughly 1 in 10 people struggle with addiction, and nearly 70% of all people that do are employed. There are success stories employed in virtually every business in America, and let you know employer know you're committed to being one of them. I would also share that 75% of people who struggle with a substance use disorder ultimately achieve recovery! And then I'd emphasize your history of treatments that you successfully completed as well as your ongoing engagement in recovery activities such as AA or NA. And then talk about your relapse action plan and what you intend to do before it even gets to that stage. I'd also emphasize the fact you are open and honest about your personal story because staying this open is a matter of character-a trait you would love to bring into the workplace.

Nancy: They must be honest with their employer about their recovery, if that has happened, and their intentions for the future.

HOST: Wow! I really want to hone in on one thing in there, and that is, well, not just one thing. A group of statistics that Holly, you brought into that conversation, one out of every 10 people suffers from some sort of addiction, struggles with addiction, 70% of them are employed. I think that's an amazing statistic and something that we want to keep in mind. And even more important than that and Holly, I'm so thrilled that that you brought this into the conversation. 75% of those who struggle achieve recovery and I think that that hope is so important that understanding that it's with supports and with resilience it is possible. So, thank you so much for that. We know that employers can play a big role in the veteran's success. So, with that being said, how can employers create supportive environments to reduce the risk of relapse and support veterans if that does occur?

Marlon: Employers can offer counseling, clear and concise policies, and team up with non-profit organizations to provide support.

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Darrick: It is important for employers to understand that recovery is a journey. Employees are encouraged to conduct a top-down review of potentially harmful policies

Holly: I would say regular check-ins with supervisors and creation of a work-related relapse action plan (or share one already made) would be a key. Also consider developing a mentor program and look at creating second chance policies. I would also watch for and mitigate any potential triggers that might be within the workplace and kind of promote an environment of sobriety with a culture of honor and respect for those who've struggled with the disorder. Remember this is common. Consider creating a list of referral options for substance use disorder treatment programs, and then offer insurance policies with liberal coverage for mental health and substance use disorders. Another thing to consider is perhaps creating a workplace-centric health promotion campaign, as well as develop an Employee Assistance Program or tag on to one that's already been developed externally.

Nancy: Have mentors or outside sources that can assist them when they might be feeling stress which might trigger using drugs again.

HOST: Thank you all for the suggestions for employers seeking to create a more supportive environment. I do want to point out that this is not the first time in this podcast we have heard mentorship pointed out as a really critical strategy. So, I just wanted to throw that back out there again because it's really surfacing as a critical workplace component. So, what other resources might you suggest? And again, with the focus on employers so other things, other resources employers might have to help create a more supportive environment.

Marlon: It is helpful to establish connections with non-profit organizations and contract professional development experts that focus on Diversity, Equity, Inclusion, and Accessibility. Also, organizations like Employer Support of the Guard and Reserve, or better known as ESGR, provide valuable resources. Finally, Military OneSource is also a helpful organization to be aware of.

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Holly: To add to what Marlon shared, SAMHSA has this really neat Drug-Free Workplace Kit that can be downloaded and then hopefully help employers understand how to better optimize their environment for individuals struggling with the disorder. Also, the National Safety Council provides resources about substance use in the workplace as well.

HOST: Great, thank you all so much and we know it's very important to share resources. Resources are critical. Again, there is a resource guide that goes along with this podcast, so please do check it out for all these resources that we've been talking about. We also know that there are many service providers that simply don't have any experience working with veterans with substance use disorders. So, what are some best or promising practices that you might share with a veteran service provider who simply hasn't previously worked with an individual with a substance use disorder?

Fred: I would say it is important not to rush the conversation. Provide space and time to allow the veteran to explain their issues to you in their own way and on their own terms.

Marlon: They should educate themselves on the subject, the Centers for Disease Control (CDC) and SAMHSA are good resources. Also, they should possess empathy, be transparent with all involved, seek out a coach or mentor who has, be self-aware of biases, and be mindful of messaging.

Nancy: I think it is important to be patient and do not try to rush them.

Holly: Allow me to brag for a second. My experience is that people who have recovered from substance use disorders are really a different breed of people. They are amazing. Most of them have gone through one of the most difficult, challenging circumstances a person, a patient can go through where essentially the brain has readapted and changed pathways and structures and it essentially controls them. They've overcome that and that takes a lot of resiliency. When they come out of it, they tend to be

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dedicated, enthusiastic and truly realize the value of what they've got in front of them. My experience is they are not lackadaisical populations that stroll in at 9:01 or leave at 4:59. They're people that want to make something of their life, and they know how to do it.

HOST: Thank you so much for the answer for that question. And I want to focus in one thing that that Marlon said in particular and that is you mentioned being self-aware of our own biases and previously one of our speakers noted DEIA, Diversity, Equity, Inclusion and Accessibility training and awareness. And that is really important for veteran service providers in particular when we are talking about serving this population because it would be very easy to come in with our own biases around what we think someone with a substance use disorder looks like. And Holly, as you're pointing out one, there is no single look, but what you really see from someone who is in recovery is resilience, dedication, and enthusiasm as you said. So really taking a good look at ourselves and being self-aware of our own biases so that we can provide the best service possible is really important and I'm glad, I'm glad that you all noted that.

So, as we wrap up this podcast, I want to thank you all for your participation, of course, and all of this really helpful information and then give you the opportunity here. Any last thoughts? Any last things you think folks should really walk away knowing from this podcast?

Marlon: As professionals and leaders, it's imperative that we help substance use disorder professionals remove the stigma surrounding substance use disorder. Furthermore, we must empathize with those who are challenged with substance use disorders and be willing and ready to support their efforts while simultaneously holding them accountable.

Holly: As I stated before, remember 75% of people with substance use disorders are going to reach recovery. So, the odds are with our veterans to come through this well.

Serving Veterans with Substance Use Disorders

Fred: Many employers are eager to hire veterans. They see the value they can bring to a business or organization. While veterans who are working to recover from substance use disorders will face many challenges, it is still important that they leverage the strengths they bring from their time in the military when seeking employment.

Nancy: It is important not to stigmatize veterans or label them as a group more likely to have a substance use disorder. It can happen to anyone.

HOST- Thank you all for joining us for today's podcast and for providing all of this valuable information, as well as the resources to help veteran service providers better serve veterans with substance use disorders. To our listeners, if you would like more information about serving veterans, please visit NVTI.org to access resources such as this podcast. We are constantly adding new material at NVTI.org, so check back often. We will, in fact, very soon be adding a class specific to serving veterans with substance use disorders. We also invite you to continue the conversation at the Making Careers Happen for Veterans: Community of Practice. Thank you so much.

Outro: This podcast is brought to you by the National Veterans' Training Institute, whose mission is to further develop and enhance the professional skills of veterans' employment and training service providers throughout the United States. This program is funded by the U.S. Department of Labor, Veterans' Employment & Training Service, and administered by Management Concepts. For more episodes, visit the NVTI website at www.nvti.org.