Working With Veterans With Co-Occurring Substance Abuse and PTSD

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In Honor of Our Veterans
Agenda

• Military and Veteran Culture
• The Emotional Cycle of Deployment
• PTSD and Addiction
• Recovery Culture
• Treatment Options
• Recovery Oriented Mental Health Care
• Trauma Informed Counseling
• Clinical Implications
Answering the call
Serving our warriors
Military Culture

• Government-sponsored defense
• Fighting forces
• Exist to further the foreign and domestic policies of our governing body
• Defend that governing body and the nation from external aggressors.
• Language
• Community
• Ways of conducting business
Military Culture
Branches of Service

• Army - is the main ground-force of the United States. The Army's main function is to protect and defend the United States (and its interests) by way of ground troops, armor (tanks), artillery, attack helicopters, tactical nuclear weapons, etc.

• Air force - The Air Force is the youngest military service. The Air Force was created in 1947 under the National Security Act of 1947. Prior to 1947, the Air Force was a separate Corps of the Army. Their primary mission is to defend the United States (and its interests) through exploitation of air and space.

Powers, 2012
Branches of Service

- **Navy** - Like the Army, the Navy was officially established by the Continental Congress in 1775. The Navy's primary mission is to maintain the freedom of the seas. The Navy makes it possible for the United States to use the seas where and when our national interests require it.

- **Marines** – The Marines were officially established on 10 November 1775 by the Continental Congress, to act as a landing force for the United States Navy. In 1798, however, Congress established the Marine Corps as a separate service. Marines are often referred to as the "Infantry of the Navy." 

Powers, 2012
Branches of Service

• Coast Guard - is primarily concerned with law enforcement, boating safety, sea rescue, and illegal immigration control. The Coast Guard consists of ships, boats, aircraft and shore stations that conduct a variety of missions.

Powers, 2012
Name Calling

- Soldiers are in the Army
- Airmen are in the Air Force
- Sailors are in the Navy
- Marines are in the Marine Corps
- Coast Guardsman (Coastie’s) are in the Coast Guard

- SERVICE MEMBER is a good term that covers all.
Different Components

- **Active Duty:**
  Full Time Service Members, Live on or off base, Resources for all of their needs, Exchange, Medical, Mental Health, Social Services, etc... TRICARE (health insurance for active duty military also available to retirees, National Guard/Reserves and their families and survivors)
  www.tricare.mil

- **Reserve/ National Guard:**
  Train on weekends and summer, not full time Service Members, do not have support of the base for all needs and may or may not be eligible for Veterans benefits. They need community resources for assistance..... Like YOU!
Military Culture Common Terms

• Enlisted Member
  – Military personnel below the rank of Warrant or Commissioned Officers. This role is similar to that of a company employee or supervisor.

• NCO
  – Non-commissioned Officer. An enlisted service member typically in pay grades E-4 and E-5

• SNCO
  – Staff Non-commissioned Officer/Senior NCO. An Enlisted service member typically in pay grades E-6, E-7, E-8 and E-9.

• Commissioned Officer
  – Military personnel who are Chief Warrant Officers or Commissioned Officers. This role in the military is similar to that of a manager or executive.
America’s Wars

- **WORLD WAR I**
  - (1917 - 1918)
  - Total U.S. Servicemembers (Worldwide)...........4,734,991
  - Battle Deaths.................................................53,402
  - Other Deaths in Service (Non-Theater).............63,114
  - Non-mortal Wounding’s.....................................204,002
  - Living Veterans.....................................................0

- **WORLD WAR II**
  - (1941 - 1945)
  - Total U.S. Servicemembers (Worldwide)........16,112,566
  - Battle Deaths.....................................................291,557
  - Other Deaths in Service (Non-Theater)...............113,842
  - Non-mortal Wounding’s.....................................670,846
  - Living U.S. Veterans........................ 496,777 (Estimated)

- **KOREAN WAR**
  - (1950 - 1953)
  - Total U.S. Servicemembers (Worldwide)........5,720,000
  - Battle Deaths.....................................................33,739
  - Other Deaths (in Theater).................................2,835
  - Other Deaths in Service (Non-Theater)...............17,672
  - Non-mortal Wounding’s.....................................103,284
  - Living U.S. Veterans..............................2,250,000 (Estimated)

- **VIETNAM WAR**
  - (1964 - 1975)
  - Total U.S. Servicemembers (Worldwide)........8,744,000
  - Deployed………………………………………3,403,000 Estimated
  - Battle Deaths......................................58,220 in Theater
  - Other Deaths (in Theater)....................................10,786
  - Other Deaths in Service (Non-Theater).............32,000
  - Non-mortal Wounding’s.....................................153,303
  - Living U.S. Veterans.........................775,000 (Estimated)

- **GULF WAR**
  - (1990 - 1991) Desert Shield Desert Storm
  - Total U.S. Servicemembers (Worldwide)..........2,322,000
  - Deployed………………………………………………………….694,550
  - Battle Deaths.............................................................148
  - Other Deaths (in Theater).................................235
  - Other Deaths in Service (Non-Theater)...............235
  - Non-mortal Wounding’s......................................467
  - Living U.S. Veterans.......................2,244,583 (Estimated)

- **GLOBAL WAR ON TERROR**
  - (2001 - PRESENT)
  - The Global War on Terror, including Operations Iraqi and Enduring Freedom are ongoing conflicts.
Veteran Status

- 18.5 million total veteran population (***down from nearly 22 million in 2010)
- 4 million veterans had a "service-connected disability," defined as disease or injury (mental or physical) incurred or aggravated during active military service.
- Everyone who has served is not automatically eligible for Veterans Benefits and Services.
- Eligibility can depend on:
  - How long they served
  - Was it during a time of war
  - Training or Reserve Only
  - What type of discharge they received
Veteran Eligibility

- WWII (1941-1946)
- American Merchant Marines (1941-1945)
- Korean War (1950-1955)
- Vietnam War (1961-1975)
- Lebanon (1958, 1983 to 1987)
- Grenada (1983)
- Panama (1989-1990)
- Persian Gulf (1990-)
- Somalia (1992-Present)
- Bosnia (1995-Present)
- Kosovo (1999-Present)
Veteran Eligibility Continued

- OEF Operation Enduring Freedom (2001-)
- OIF Operation Iraqi Freedom (2003-2010)
- OND Operation New Dawn (2010-2011)
- Operations Joint Endeavor, Joint Guard, Joint Forge (Former Yugoslavia 1995-1998)
- GWOT Global War on Terrorism (2001-Present)
- Post 9/11 Veterans
Who helps those who are not “Veteran” Eligible?

- You do! Community Providers do not have the same restrictions as the VA.
- Community Providers can serve:
  - Service members not on Active Duty (Reserve/National Guard)
  - Those who were not discharged honorably
  - Veterans without benefits or unclaimed benefits
  - Veterans too far from a VA facility or those who refuse care at a VA facility.
  - Referrals to civilian providers
Some Major Issues

- Operational Tempo
- Physical and Mental Health
- Substance Abuse
- Suicides
- Isolation
- Purpose or lack thereof
- Anger
- May not acknowledge injuries
- TBI
- PTSD
- Divorce
- Family Stress
- Sleep Deprivation
- Lack of Providers
- Shelf Life
- Risky Behaviors
The Emotional Cycle of Deployment

Understanding the Service Member and Family

• The emotional phases of deployment

• Possible effects of the deployment phases

• Managing the deployment phases
Three Phases of Deployment

First Phase: Pre-Deployment

• Stage 1
  – Anticipation of Loss
  • Occurs four to six weeks before deployment
  • Possible Reactions
    – Restlessness
    – Sadness
    – Irritability
    – Anger and resentment (Spouse and Family)
    – Guilt (Service Member)
Stage 2

Detachment and Withdrawal

Occurs during final days before departure

Possible reactions

- Despair/hopelessness
- Decision making may become increasingly difficult
- Ambivalence about sexual relations
- Emotional distancing
Three Phases of Deployment

Second Phase: Deployment

• Stage 3
  – Emotional Disorganization for Spouse and Family
  • Occurs during first 6 weeks of deployment
  • Possible reactions
    – Initial relief followed by guilt
    – Feeling numb or without purpose
    – Sadness and withdrawal from friends
    – Overwhelmed with responsibilities
    – Difficulty sleeping
    – Restless, angry, confused, disorganized, indecisive, irritable
Three Phases of Deployment

Second Phase: Deployment

• Stage 4
  – Recovery and Stabilization
  • Variable Duration
  • Possible reactions
    – Established new family patterns and settled into a routine
    – More comfortable with roles and responsibilities
    – Cultivated new sources of support
    – Pride in ability to cope alone
Tips for Managing Deployment

• Be prepared for deployment
• Prepare family members
• Communicate with family
• Have a plan in place
  – Financial Matters (Budget, Bills, Goals)
  – Legal Matters (ID Card, Power of Attorney, Wills, Family Care Plan)
  – Practical Matters (Security, Healthcare, Household and Vehicle, Passport)
  – Personal Matters (Spouses, Children, Other Relatives and Friends, Loved Ones)
Staying In Touch During Deployment

- “Snail” Mail
- Tape Recordings
- Telephone Calls
- E-Mail
- Video- SKYPE etc...
Tips for Managing Deployment

• Develop a Daily Routine
• Send notes, emails, letters and care packages as often as possible
• Volunteer
• Display your flag
• Seek support from family, friends, and support groups
Tips for Managing Deployment

• Practice Self-Care
  – Get plenty of rest
  – Maintain a healthy diet
  – Exercise
  – Practice relaxation
  – Laugh
  – Avoid alcohol, cigarettes, and caffeine
  – Minimize amount of news watched or read
  – Listen to soothing music
Three Phases of Deployment

Third Phase: Reunion

• Stage 5
  – Anticipation of Homecoming
    • Occurs during the last 6 weeks of deployment
    • Possible reactions
      – Feelings of joy, excitement, apprehension
      – Reevaluation of marriage and the effect on the family
      – Restlessness, frantic activity to finish projects
      – Confusion
      – Changes in appetite
      – Decisions may become harder to make
      – Irritability
Three Phases of Deployment

Third Phase: Reunion

• Stage 6
  – Renegotiation of the Marriage Contract
  • Occurs during 6 weeks after deployment
  • Possible reactions
    – Physical togetherness, emotional distance
    – Loss of freedom and independence
    – Establish new routines
    – Renegotiation of assumptions and expectations of marriage
    – Adjustment in roles and responsibilities
Three Phases of Deployment

Third Phase: Reunion

• Stage 7
• Reintegration and Stabilization
  – Occurs 6-12 weeks after the end of deployment
  – Characteristics
    • New routines have been established
    • Relaxed, comfortable feelings
    • Sense of being a couple and family again
    • Back on track emotionally and able to enjoy warmth and closeness of being married
Realities

• Nobody goes to war and is untouched
  – If they had trauma earlier in life, it is often more pronounced
• 20-75 Veterans kill themselves every day
• Every day one active U.S. Service member commits suicide (more have killed themselves than have died in the war in Afghanistan)
• 1 out of 8 military women OIF, OEF is suffering from sexual trauma
• Survivors guilt
• **** WE ARE NOT ALL BROKEN****
When To Seek Help

• If the stress of the deployment cycle is interfering with your ability to function in daily life, and coping methods are not working, service members and family members should not be afraid to seek help from a Chaplain or Local Clergy, Military Community Services (family services, legal assistance, budgeting services, child/youth services) or Behavioral Health Services.
PTSD & TBI

• http://PTSD & TBI
• http://www.youtube.com/watch?v=G5eWersQdRw&feature=related
• http://www.youtube.com/watch?v=ADC93aoVkJP8&feature=related
• http://www.youtube.com/watch?v=tq1NgtjDRFY
• http://www.youtube.com/watch?v=X403YO6qGkU&feature=related
• http://www.youtube.com/watch?v=kiX5tE22 ZU&feature=related
Post-Traumatic Stress Disorder, PTSD

• PTSD is an anxiety disorder that can occur after you have experienced a traumatic event (Combat Stress, Shell Shock).

• Symptoms usually start soon after the event but they may not happen until months or years later. They also may come and go over many years.

• If the symptoms last longer than 4 weeks, cause you great distress, or interfere with your work/home life, you probably have PTSD.

• Symptoms of PTSD
  – Reliving the event, Re-experiencing, flashbacks, nightmares
  – Avoiding places or things that remind you of the event
  – Loss of interest
  – Feeling numb
  – Hyper-arousal, Hyper-vigilance, startled responses
What are the Warning Signs of PTSD?

A WIDE VARIETY OF SYMPTOMS MAY BE SIGNS YOU ARE EXPERIENCING PTSD:

- Feeling upset by things that remind you of what happened
- Having nightmares, vivid memories, or flashbacks of the event that make you feel like it’s happening all over again
- Feeling emotionally cut off from others
- Feeling numb or losing interest in things you used to care about
- Becoming depressed
- Thinking that you are always in danger
- Feeling anxious, jittery, easily startled, or irritated
- Experiencing a sense of panic that something bad is about to happen
- Having difficulty sleeping
- Having trouble keeping your mind on one thing
- Having a hard time relating to and getting along with your spouse, family or friends
“When stress brought on flashbacks, I dealt with them by drinking them away. I considered it recreational drinking, but really I was self-medicating.”

• “Even though I knew they were just fireworks on the 4th of July, to me they still sounded like incoming mortars. It took me right back to my deployment...”
Traumatic Brain Injury (TBI)

- Traumatic brain injury (TBI) is a form of acquired brain injury, occurring when a sudden trauma damages the brain. TBI can result when the head suddenly and violently hits an object as a result of an accident, blast, or fall, or when an object pierces the skull and enters the brain tissue.

- Common signs of head injury:
  - Memory problems
  - Headaches
  - Ringing in the ears
  - Dizziness
  - Irritable or frustrated
  - Trouble sleeping
OIF/OEF Statistics

- 1.9 million service members have been deployed in OEF/OIF

- Psychological Injuries are estimated at 30% of those deployed

- 66% of our most seriously wounded suffer from PTSD

- “Invisible Wounds”
Treatment Addresses the Body’s Response to Trauma

- Physical, Emotional, Cognitive, Behavioral

- Stress Response – Fight or Flight

- Cognitive – Shatter Pre-existing Beliefs

- Survivors Guilt

- Behavioral
Treatment

Cognitive Processing Therapy
- PTSD symptom education
- Awareness of thoughts and feelings
- Learning skills
- Understanding changes in belief

Prolonged Exposure Therapy
- Education
- Breathing
- Real Word Experience
- Talking through the trauma
Cognitive Processing Therapy

- Based on principles of cognitive therapy, Cognitive Processing Therapy for Veteran/Military Populations--or CPT

- Developed by Drs. Patricia Resick, Candice Monson, and Kathleen Chard.

- CPT is a short-term treatment -as few as 12 treatment sessions
Prolonged Exposure Therapy (PE)

Exposure therapy that works for many people who have experienced trauma.

Four main parts:

• **1. Education**
  – About the treatment, as well about common trauma reactions and PTSD.

• **2. Breathing**
  – Breathing retraining, a skill that helps with relaxation manage anxiety
Prolonged Exposure Therapy (PE)

• 3. Real world practice
  – Exposure practice with real-world situations is called in vivo exposure.

• 4. Talking through the trauma
  – Talking about the trauma memory over and over with therapist is called imaginable exposure.
Prolonged Exposure Therapy for Veterans

• PE has been shown to be one of the most effective treatments for PTSD.

• For this reason, the VA's Office of Mental Health Services rolled out a national PE training program. VA providers throughout the country will be trained in how to use PE treatment.
Addiction

• A persistent behavioral pattern

• Marked by physical and or psychological dependency

• Causes significant disruption and negatively impacts the quality of life
Cycle of Addiction

- **Initial use** - Regardless of how the initial use occurs, it is the first step toward addiction.
- **Abuse** - The point at which the person is using the substance on a recurring, improper basis.
- **Tolerance** - The original dosage or use of the substance no longer produces the same physical or mental effect.
Cycle of Addiction

- **Dependence** - At a certain point, the body or brain becomes dependent on having the substance to be able to function properly.

- **Addiction** - A specific, chronic mental health disorder that results in defined symptoms and behaviors that can be used to diagnose the condition.

- **Relapse** - A hallmark of any chronic condition is the potential for the person to relapse.
Counseling Core Functions

- Screening - Intake Orientation
- Assessment
- Treatment Planning
- Counseling
- Case Management
- Crisis Intervention
- Client Education
- Referral
- Report and Record Keeping
- Consultation
Recovery

• Recovery occurs as a veteran begins to make better choices about their physical, mental, and spiritual health

• A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential (SAMHSA)
Trauma Informed Counseling
SIX KEY PRINCIPLES

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues
References

- Janoff-Bulman
- Bolton & Hill
- Health & Disability Advocates http://www.hdadvocates.org/
- Lake-McHenry Veterans and Family Services http://lmvfs.org/
- National Guard Bureau Psychological Health Program http://www.jointservicessupport.org/PHP/
Resources

- Veterans Crisis Line: (800) 273-8255
  www.suicidepreventionlifeline.org (veterans chat live with a counselor) 24/7 access to trained counselors
- DoD/VA Suicide Outreach: www.suicideoutreach.org
- HDA: ILLINOIS CONNECTIONS: ASSISTING VETERAN & MILITARY FAMILIES
  http://www.hdadvocates.org/program_policy/military_families.asp
- National Center for PTSD: www.ptsd.va.gov
- After Deployment: www.afterdeployment.org
  Brain Injury Association of Illinois: www.biail.org
- National Institute of Neurological Disorders and Stroke:
  www.ninds.nih.gov
- Illinois Warriors Assistance Program:
  www.illinoiswarrior.com
- Center for Deployment Psychology
  http://deploymentpsych.org/