Veterans and Addictions: Homelessness and Post-Traumatic Stress Disorder

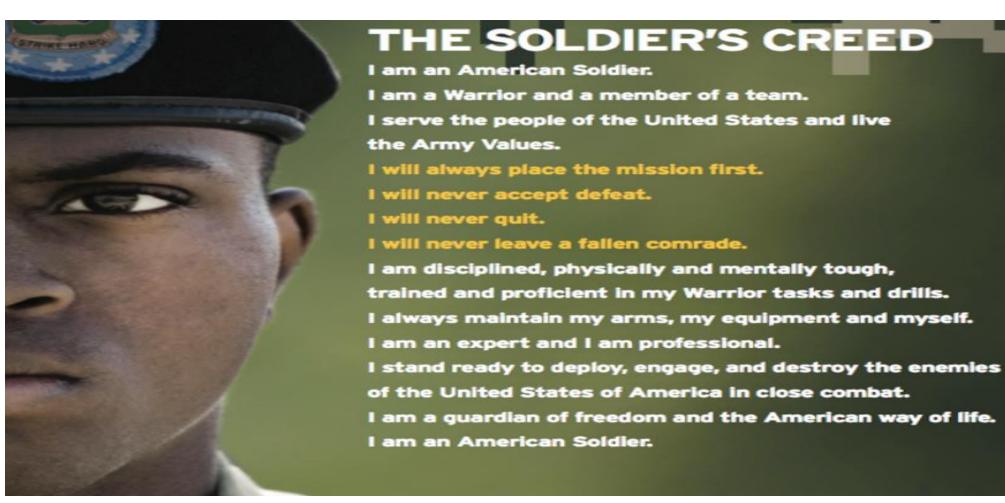
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Agenda

- ☐ Stigma surrounding addiction treatment for veterans.
- ☐ Causes of Homelessness among veterans.
- □ Post-Traumatic Stress Disorder/Mental Health Disorders
- ☐ Case Management
- ■Self-Care

- ☐ What would you like to discuss?
- ☐ Briefly tell your interest in working with veterans.



- □ Definition of veteran:
- □ Under Federal Law a veteran is person, who served honorably on active duty in the Armed Forces of the United States.
- ☐ Is it true? Do you believe it? Are there others?
- ☐ Are you a veteran?
- ☐ Have you served in the Military?
- □Some persons do not consider themselves a veteran because they didn't serve in wartime or in a war zone.



Military Acronyms

- OIF- Operation Iraqi Freedom
- OEF-Operation Enduring Freedom
- OND- Operation New Dawn
- Operation Desert Shield/Operation Desert Storm
- AWOL- Absent Without Leave
- MOS-Military Occupational Specialty
- FOB-Forward Operating Base
- IED-Improvised explosive devise

- ■SAMSHA Reports;
- □ 23.4 million veterans in the United States
- ☐ Between 2004-2006 7.1% of U.S. Veterans met criteria for Substance Use Disorder.
- □ Departments of Housing and Urban Development(HUD) and Veterans Affairs(VA) report;
- □ Nearly 76,000 veterans were homelessness on any night in 2009.
- Approximately 136,000 veterans spent at least one night in a shelter in 2009.
- ☐ Treatment Episode Data Set (TEDS) report;
- □21% of veterans in substance abuse treatment were homeless.
- □70% of homeless veterans experienced a substance use disorder.

SAMHSA, The CBHSQ Report May 7,2015

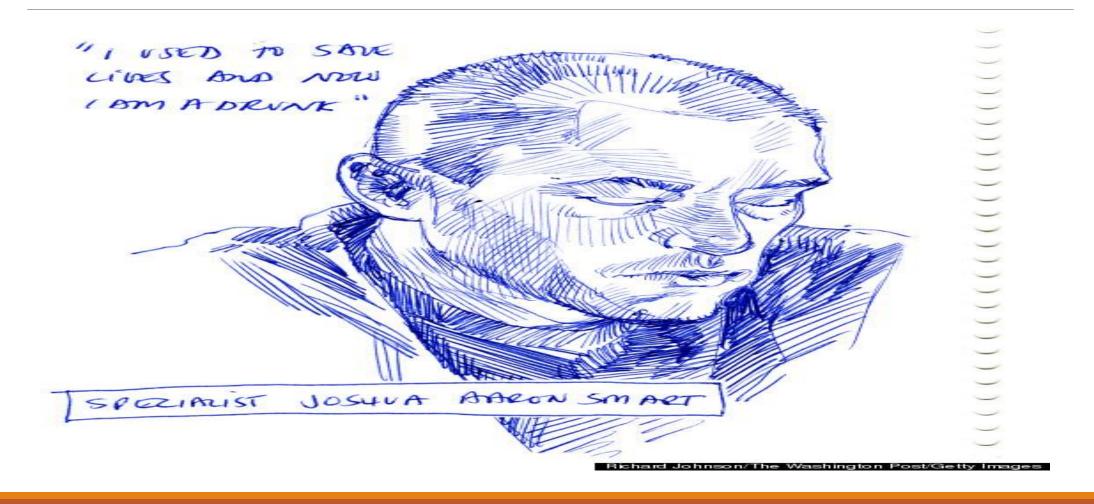
2013 National Survey on Drug Abuse and Health reported,

- □1.5 million veterans age 17 or older had a substance use disorder in the past year, 1 in 15 veterans.
- □ National average is 1 in 11 in the same age group.
- ☐ The rate of substance use disorders among veterans ranged from 3.7% pre-Vietnam-era to 12.7% among those who served since September 2001.

- ☐ Active Duty Military have a zero tolerance for illicit drug use.
- □99% of the time illicit drug use will result in a dishonorable or other than honorable discharge.
- □ Driving Under the Influence of alcohol will most likely result in a other than honorable, dishonorable. In rare occasions it may be a general under honorable discharge.
- □ Service men and women who have served their country in peacetime and war are being discharged for substance use disorders. Some without benefits.
- ☐ The United States was actively involved in a war from 2000-2014.
- □Some members of the military were deployed to a war zone 2-5 times within those 14 years.

One VA Healthcare Users Study showed:

- ☐ More than 11 percent of OEF and OIF veterans have been diagnosed with a substance use disorder.
- □Almost 22 percent of OEF and OIF veterans have Post-traumatic stress disorder and a substance use disorder.



- □Screening Instruments that can be used to determine if a person has a substance use disorder.
- **CAGE-** Empirically supported and shown to accurately predict 70%-80% of soldiers with a substance use disorder.
- •C-Have people ever felt that you should CUT down on your drinking?
- •A-Have people ever ANNOYED you by criticizing your drinking?
- •G-Have you ever felt bad or GUILTY about your drinking?
- **E**-Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (i.e., as an **EYE-OPENER**)?

- ■Substance Use Disorder DSM-5
- □ A problematic pattern of substance use leading to clinically significant impairment od distress, as manifested by at least two of the following, occurring within a twelve month period:
- •Substance is often taken in larger amounts or over a longer period than was intended.
- There is a persistent desire or unsuccessful efforts to cut down or control use.
- •A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from it's effects.
- •Craving, or strong desire or urge to use the substance.
- •Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.

- •Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the substance.
- •Important social, occupational, or recreational activities are given up or reduced because of the substance use.
- Recurrent substance use in situations which are physically hazardous.
- •Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

- ☐ Tolerance, as defined by either of the following:
- A need for markedly increased amounts of alcohol to achieve the intoxication or desired effect.
- A markedly diminished effect with continued use of the same amount of alcohol.
- ☐ Withdrawal, as manifested by either of the following:
- •The characteristic withdrawal syndrome for the substance (refer to Criteria and B of the criteria set for the substance withdrawal). All are listed after the substance in DSM 5.
- •The substance or a closely related substance is taken to relieve or avoid withdrawal symptoms.

- ☐ Barriers to Substance Use Treatment;
- Homelessness.
- □ Distrust of the VA and government.
- Veterans with Comorbid Disorders.
- ☐ Persons who served in the Military and were discharged under other than honorable conditions, this includes veterans of war.
- □ A sign of weakness. What will other people think of me?
- □I will lose my VA benefits.
- □ Nobody understands someone like me.
- ☐Your thoughts?

- □Outpatient Treatment Approaches;
- ☐ Seeking Safety
- Seeking Strength. Designed for military and veterans.
- ☐ Motivational Interviewing
- ☐ Stages of Change
- ☐ Acceptance and Commitment Therapy
- ☐ Prolonged Exposure Therapy

- ☐ Treatment Options
- □ Safe Medical Detoxification, if needed. Detox is not treatment.
- □ Residential treatment in an inpatient setting for Dual Diagnosis or Substance Use Disoders.
- ☐ Intensive Outpatient Treatment.
- □ Dual Diagnosis Outpatient Treatment.
- ☐ Aftercare Program.
- ☐ Halfway House/Transitional Living House.

Veterans and Homelessness



Veterans and Homelessness

- ☐ Causes of Veteran homelessness:
- □ Difficult culture transition from military to civilian life.
- ☐ Lack of social support.
- ☐ Lack of self-advocacy skills.
- □ Domestic Violence among women.
- ☐ Physical, sexual, and emotional trauma.
- ☐ Substance Use Disorders.
- ☐ Mental Health Disorders.
- ☐ Traumatic Brain Injuries.

Veterans and Homelessness

What some veterans in Louisville say about being homeless;

- •Fear of living indoors.
- •Fear of people.
- Lack of trust for people and institutions.
- I can't get help me because of my discharge status.



Veterans and Post-Traumatic Stress Disorder

- ■SAMHSA-Post-Traumatic Stress Disorder(PTSD)
- □PTSD is characterized as the development of debilitating symptoms following exposure to a traumatic or dangerous event.
- □PTSD can be the result of war, car accidents, sexual trauma, physical trauma, emotional trauma, natural disasters.

- □ Common Reactions
- ☐ Recurrent thoughts of the event.
- ☐ Flashbacks and/or nightmares/bad dreams.
- □ Emotional numbness (Don't feel anything); reduced interest or involvement in work or outside activities (Not caring about anything, loss of interest in things once enjoyed).
- ☐ Intense guilt or worry/anxiety.
- Angry outbursts and irritability
- ☐ Feeling "on edge", hyperarousal/hyper-alertness.
- □ Avoidance of thoughts/situations that remind person of the trauma.
- Depression.

- ☐PTSD's possible negative impact on the person
- Relationship problems.
- Diminished self of wellbeing. Isolation.
- •Alcohol and substance use/abuse.
- High risk behavior.
- •Misconduct. Legal problems.
- Employment problems.
- •Functional Impairment.
- Homelessness

- □ Veterans with PTSD and Concussion/Traumatic Brain Injury.
- ☐ The same event that caused the TBI/concussion can also produce the trauma for PTS?PTSD reactions.
- Depression/anxiety.
- Insomnia.
- Irritability/anger.
- Trouble concentrating.
- Fatigue,
- Hyperarousal.
- Avoidance.

- PTSD is a risk factor for substance use disorders.
- •Use of alcohol and/or drugs may reduce the anxiety component of PTSD and thus be reinforced.
- Withdrawal from substances may exacerbate PTSD symptoms.
- Prolonged exposure as a treatment for PTSD does not increase the craving for substance use.
- Persons prefer that both be treated at the same time.

Veterans and Mental Health Disorders

- □Co-Occurring Disorders
- ☐ Mental Health Disorders
- Depression
- Anxiety
- Suicidal ideation

Veterans and Mental Health Disorders

- ☐ Barriers to seeking mental health treatment
- Lack of trust for mental health professionals
- It will work itself out
- Getting mental health treatment is a last resort
- I don't believe I have a problem.
- •Military culture vs mental health culture- resistance to engage with mental health professionals is counter to Warrior identity.
- Mentally tough
- Self-reliance

Female Veterans



Veterans and Mental Health Disorders

- Suicide
- •According to Stars and Stripes, Military Newspaper, from 2009-2011;
- About 22 veterans commit suicide daily. A suicide every 65 minutes.
- •Male veterans under 30 saw a 44% increase in suicide.
- Older veterans saw a slight decrease.
- •Female veterans saw an 11% increase.
- •Female veterans commit suicide nearly 6 times the rate of other women.

Veterans and Mental Health Disorders

http://maketheconnection.net/conditions/ptsd



Veterans and Case Management

- ☐ What is case management?
- □ Is case management important for veterans?
- ☐ Who are case managers?

Veterans and Case Management

What types of case management do veterans need and will be of benefit?

Case Management

- Housing options
- Phone options
- VA Disability
- SSI/SSDI Disability
- Food Stamps
- Dental/Glasses/Hearing Aids
- **DD** 214
- Birth Certificate
- Social Security Card

Case Management

- ID
- Clothing
- Furniture
- Bus passes
- •Transportation

Case Management

Self-Care and Trauma

□ Secondary Trauma is commonly referred to as the stress resulting from helping or wanting to help a traumatized or suffering person.

□ Vicarious Trauma describes the cumulative transformative effect of working with persons who have survived traumatic events.

Self-Care

- ☐ Who is at risk for secondary trauma?
- Psychotherapists
- Counselors
- Case Managers
- Nurses
- Physicians
- Social workers
- Veterans
- Mental Health Counselors

Self-Care

- □Symptoms of secondary trauma
- Intrusive thoughts
- Chronic fatigue
- Sadness
- Anger
- Poor concentration
- Second guessing
- Detachment
- Emotional exhaustion

Self-care

- ☐ Symptoms of secondary Trauma
- Fearfulness
- Shame
- Physical Illness
- Absenteeism

Self- care

- ☐ Ways to care for you.
- Discuss your feelings in supervision.
- Leave work at work.
- Join a support group.
- Talk to a therapist.
- Do things you enjoy when not at work.
- Change client population.

Self-care

- ☐ The work we do can be both rewarding and detrimental to us.
- Let's talk about it.

Questions?

Thank you!

Reference

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Substance Abuse and Mental Health Services Administration