

Veterans and Addictions: Homelessness and Post-Traumatic Stress Disorder

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Veterans



Veterans

- What would you like to discuss?
- Briefly tell your interest in working with veterans.
- Are you a veteran?
- Do you have a family member who is a veteran?

Agenda

- Stigma surrounding addiction treatment for veterans.
- Homelessness among veterans.
- Mental Health Disorders/PTSD/Suicide
- Case Management
- Self-Care

Veterans

What Is A Veteran?

A “Veteran”- whether active duty, discharged, retired, or reserve- is someone who, at one point in life, wrote a blank check may payable to “ The United States of America,” for an amount “up to, and including his/her life”

That is honor. And there are way too many people in this country today, who no longer understand that fact.

Veterans

WARS

The Revolutionary (1775-1783)

Civil Wars (1861-1865)

World War 1 Era (1914-1918)

World War 11 Era (1941-1945)

Korean War Era(1950-1953)

The Vietnam War (1954-1975)

Persian Gulf War (August 1990-March 1991)

The Global War On Terror (2001-)

Veterans

Veteran

I was a proud veteran

That served my country well

To those that would listen

I had many stories to tell.

We fought for America's freedom

In far away places on foreign land.

Wherever the battle for democracy raged,

America's finest made a stand.

We fought for your future

And to remain free.

For we saw what freedom meant

To those not blessed with Liberty.

For you and yours

We gladly have given our life.

We faced the fears and perils of battle

We braved endless turmoil and strife.

Please remember us veterans

And the sacrifices we made for you.


Please share the blessings of freedom.

Proudly wave the red, white and blue.

Veterans

- Pay particular attention to the wording of the Soldiers Creed especially the highlighted words.

Veterans



THE SOLDIER'S CREED

I am an American Soldier.

I am a Warrior and a member of a team.

I serve the people of the United States and live the Army Values.

I will always place the mission first.

I will never accept defeat.

I will never quit.

I will never leave a fallen comrade.

I am disciplined, physically and mentally tough, trained and proficient in my Warrior tasks and drills.

I always maintain my arms, my equipment and myself.

I am an expert and I am professional.

I stand ready to deploy, engage, and destroy the enemies of the United States of America in close combat.

I am a guardian of freedom and the American way of life.

I am an American Soldier.

Veterans

- What resonated with you?
- Can you imagine living your daily life by The Soldiers Creed?
- Tell me your thoughts.

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.

Veterans



Veterans

- The families of veterans experience many feelings toward the Military and the service member.
- What are some feelings you imagine a spouse might feel?
- What are some feelings a child might feel?

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 device

Veterans and Addictions

- ❑ SAMHSA Reports;
- ❑ 23.4 million veterans in the United States
- ❑ Since 2001 2.2 million U.S. veterans have served in Afghanistan (Operation Enduring Freedom, OEF) and Iraq (Operation Iraqi Freedom, OIF).
- ❑ 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 homeless 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.

Veterans and Addictions

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.

Veterans and Addictions

2013-

- 62,000 veterans chose to seek substance abuse treatment at non-Veterans Affairs treatment programs.
- 65.4 % for alcohol
- 10.7 % for heroin
- 6.2 % for cocaine

Veterans and Addictions

- ❑ 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.

Veterans

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.
- ❑ 19.5 percent report experiencing a traumatic brain injury (TBI) during deployment.

Veterans and Addictions

"I USED TO SAVE
LIVES AND NOW
I AM A DRUNK"



SPECIALIST JOSHUA ABRAHAM SMART

Veterans and Addictions

- 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**)?

Veterans and Addictions

☐ Substance Use Disorder DSM-5

- ☐ A problematic pattern of substance use leading to clinically significant impairment or 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 its 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.

Veterans and Addictions

- 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.

Veterans and Addictions

□ 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 A 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.

Veterans and Addictions

- 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?

Veterans and Addictions

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

Veterans and Addictions

- Treatment Options
- Safe Medical Detoxification, if needed. Detox is not treatment.
- Residential treatment in an inpatient setting for Dual Diagnosis or Substance Use Disorders.
- 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



Veterans and Mental Health Disorders

- Mental Illness is defined as an individual having any mental, behavioral, or emotional disorder in the past year that met Diagnostic and Statistical Manual of Mental Disorders, excluding developmental and substance use disorders.
- Co-occurring Disorders
 - Substance Use Disorder and Mental Health Disorder
- Mental Health Disorders
 - Depression
 - Anxiety
 - Suicidal ideation
 - PTSD

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

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.

Veterans and PTSD

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", hyper-arousal/hyper-alertness.
- Avoidance of thoughts/situations that remind person of the trauma.
- Depression.

Veterans and PTSD

- 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 and PTSD

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

Veterans and PTSD

- 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.

Female Veterans



Female Veterans

- ❑ VA reports female veterans are more than twice as likely as male veterans to have experienced a past-year major depressive episode- 16.6 percent versus 8.0 percent.
- ❑ Female veterans are much more likely to screen positive for military sexual trauma than male veterans- 1 in 5 versus 1 in 100.
- ❑ This trauma is associated with substance use and mental health disorders, PTSD, depression, and other anxiety disorders.

Veterans and Suicide

☐ 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 Suicide

□ Common suicide warning signs:

- Threatening to commit suicide
- Talking about wanting to hurt or kill oneself.
- Looking for a way to kill oneself.
- Talking about feeling hopeless and having no reason to live.
- Showing uncontrolled anger/rage, talking about seeking revenge.
- Talking about feeling trapped or being in unbearable pain.
- Talking about being a burden to others.
- Increasing use of alcohol or drugs.

Veterans and Suicide

- Acting anxious or agitated; behaving recklessly
 - Sleeping too little or too much.
 - Withdrawing or isolated.
 - Displaying extreme mood swings.
- Complete list of warning signs is available at the National Suicide Prevention Lifeline Website (<http://suicidepreventionlifeline.org/GetHelp>).

Veterans and Suicide

□ Specific risk factors for veterans

- Frequent deployments.
- Experiencing traumatic events while deployed.
- Experiencing a service-related injury.
- Behavioral health issues such as depression, PTSD, substance use disorders, and traumatic brain injuries also increase the likelihood of suicide.
- Veterans with PTSD were four times more likely to report thoughts of suicide than those without PTSD.
- Veterans who are unmarried or who report have very little support networks are at a higher risk of suicide.

Veterans and Suicide

□ What we can do to help:

- Know the facts. Understand the patterns and prevalence of behavioral health issues among returning veterans.
- Observe. Be attuned to the signs and symptoms of substance use and mental health disorders. Veterans may not discuss these problems without being asked for fear that disclosing this information may effect their careers, embarrass them, or be seen as a sign of weakness.
- Educate. Teach veterans about wellness and coping skills, such as returning to regular sleep patterns, exercise, relaxation techniques, and reconnect with their social supports. Educate communities about warning signs of PTSD, suicidal ideation/contemplation, and other issues veterans may be facing.
- Refer. Refer veterans and their families to appropriate resources and behavioral health service providers as necessary.

Veterans



Veterans and Families

- What feelings do you think spouses, children, parents, and siblings experience when their loved returns from a war wit PTSD?
- Do you believe therapists should work with the veteran and their families?
- If so, how?

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

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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