Invisible Wounds

Battlemind to Home Summit
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Heidi Knock, Psy.D., HSPP
317-988-3872
Heidi.knock@va.gov
• Total # of veterans in IN: 476,283
  • Wartime vets: 339,528
  • Gulf War: 139,873 (9/2001-Present)
  • Vietnam Era: 149,330
  • Korean War: 39,290
  • WWII: 20,499
  • Peacetime: 136,755
  • Female: 35,569
  • Male: 440,714

Indiana Veterans by Era
Information obtained through the National Center for Veterans Analysis and Statistics:
Fiscal year 2014
Aspects of the Warzone

**Post 911 Combat**
- No “battlefronts”
- No reprieve from danger
  - Under constant and continual danger
- Unable to identify who is or who isn’t the enemy
- Injury without an identified enemy or target due to Improvised Explosive Devices (IEDs)

**Warzone Physical Conditions**
- Extreme heat/cold
- Lack of resources
- Wear 100 pounds of protective gear
- Sleep deprivation
- Involved in multiple attacks/blasts
- Constant fear for safety
  - Training ANA, INA, IP
**Frequency of Diagnoses\(^1\) among OEF/OIF/OND Veterans**

<table>
<thead>
<tr>
<th>Diagnosis (Broad ICD-9 Categories)(^a)</th>
<th>Frequency</th>
<th>Percent(^b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infectious and Parasitic Diseases (001-139)</td>
<td>113,175</td>
<td>15.3</td>
</tr>
<tr>
<td>Malignant Neoplasms (140-209)</td>
<td>9,939</td>
<td>1.3</td>
</tr>
<tr>
<td>Benign Neoplasms (210-239)</td>
<td>47,337</td>
<td>6.4</td>
</tr>
<tr>
<td>Diseases of Endocrine/Nutritional/ Metabolic Systems (240-279)</td>
<td>232,680</td>
<td>31.4</td>
</tr>
<tr>
<td>Diseases of Blood and Blood Forming Organs (280-289)</td>
<td>26,747</td>
<td>3.6</td>
</tr>
<tr>
<td>Mental Disorders (290-319)</td>
<td>385,711</td>
<td>52.0</td>
</tr>
<tr>
<td>Diseases of Nervous System/ Sense Organs (320-389)</td>
<td>326,438</td>
<td>44.0</td>
</tr>
<tr>
<td>Diseases of Circulatory System (390-459)</td>
<td>155,194</td>
<td>20.9</td>
</tr>
<tr>
<td>Disease of Respiratory System (460-519)</td>
<td>190,744</td>
<td>25.7</td>
</tr>
<tr>
<td>Disease of Digestive System (520-579)</td>
<td>264,756</td>
<td>35.7</td>
</tr>
<tr>
<td>Diseases of Skin (680-709)</td>
<td>156,160</td>
<td>21.0</td>
</tr>
<tr>
<td>Diseases of Musculoskeletal System/Connective System (710-739)</td>
<td>415,685</td>
<td>56.0</td>
</tr>
<tr>
<td>Symptoms, Signs and Ill Defined Conditions (780-799)</td>
<td>378,542</td>
<td>51.0</td>
</tr>
<tr>
<td>Injury/Poisonings (800-999)</td>
<td>211,586</td>
<td>28.5</td>
</tr>
</tbody>
</table>

\(^1\)Includes both provisional and confirmed diagnoses.

\(^a\)These are cumulative data since FY 2002, with data on hospitalizations and outpatient visits as of September 30, 2011; Veterans can have multiple diagnoses with each health care encounter. A Veteran is counted only once in any single diagnostic category but can be counted in multiple categories, so the above numbers and percentages add up to greater than 741,954.

\(^b\)Percentages reported are approximate due to rounding.

# Frequency of Mental Disorders\(^1\) among OEF/OIF/OND Veterans since 2002\(^2\)

<table>
<thead>
<tr>
<th>Disease Category (ICD-9 290-319)</th>
<th>Total Number of OEF/OIF/OND Veterans(^a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTSD (ICD-9 309.81)(^b)</td>
<td>207,161</td>
</tr>
<tr>
<td>Depressive Disorders (311)</td>
<td>156,189</td>
</tr>
<tr>
<td>Neurotic Disorders (300)</td>
<td>134,754</td>
</tr>
<tr>
<td>Affective Psychoses (296)</td>
<td>94,486</td>
</tr>
<tr>
<td>Alcohol Dependence Syndrome (303)</td>
<td>44,169</td>
</tr>
<tr>
<td>Nondependent Abuse of Drugs (305)(^c)</td>
<td>30,870</td>
</tr>
<tr>
<td>Special Symptoms, Not Elsewhere Classified (307)</td>
<td>26,577</td>
</tr>
<tr>
<td>Specific Nonpsychotic Mental Disorder due to Organic Brain Damage (310)</td>
<td>26,039</td>
</tr>
<tr>
<td>Drug Dependence (304)</td>
<td>22,974</td>
</tr>
<tr>
<td>Sexual Deviations and Disorders (302)</td>
<td>22,310</td>
</tr>
</tbody>
</table>

\(^1\) Includes both provisional and confirmed diagnoses.  
\(^2\) These are cumulative data since FY 2002. ICD-9 diagnoses used in these analyses are obtained from computerized administrative data. Although diagnoses are made by trained health care providers, up to one-third of initial diagnostic codes may not be confirmed because the diagnosis is provisional, pending further evaluation.  
\(^a\) The total will be higher than the 385,711 unique patients who received a diagnosis of a possible mental health disorder. A Veteran may have more than one mental health disorder diagnosis and each diagnosis is entered separately in this table.  
\(^b\) This row of data does not include a) information on PTSD from VA’s Vet Centers, b) data from Veterans not enrolled for VA health care, or c) Veterans with a diagnoses of adjustment reaction (ICD-9 309) but not PTSD (ICD-9 309.81).  
\(^c\) This category currently excludes Veterans who have a diagnosis of a) tobacco use disorder only, ICD-9 305.1 (n=103,905); b) alcohol abuse only, ICD-9 305.0, (n=26,293); or both tobacco use disorder and alcohol abuse, ICD-9 305.0 and 305.1 (n=20,947).

Cumulative from 1st Quarter FY 2002 through 4th Quarter FY 2011
Like the layers of an Onion...

- Medical & Mental Health Problems
- Employment Problems
- Relationship Problems
- Housing Problems
- Problems Accessing Benefits
- Legal Problems
- Financial Strain

Homeless

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Struggles with Transitioning Home

• High National Guard population - 4th largest in the nation
  • No active duty basis
  • Minimal debriefing
  • Often isolated or separated from peers
  • Multiple deployments
Family Issues

- Role shifting and the military mentality
  - Communicate as if with soldiers
- Bridging the gap of separation
- Parenting and shifts in authority
- Numbing and feeling disconnected
- Unrealistic expectations regarding reunion
- Financial issues and employment
- Anger issues
- Children as triggers
- Family isolation and adapting to soldier’s PTSD
- Community isolation
Substance Use

• Due to the hyperalert and numbing effects of trauma, as well as chronic pain issues, individuals may start to engage in addictive behaviors to counteract symptoms, including:
  • Drugs and Alcohol
  • Compulsive Eating
  • Sexual Activity
  • Compulsive Spending
  • Internet Surfing and/or Pornography
  • Video Gaming
  • Thrill Seeking behaviors (risky driving, high risk sports, etc.)
Why Addictive Behavior?

• Substances, sex, shopping, thrill seeking behavior can induce some feeling during numbing stages
• Food and substances can help fight insomnia, bad dreams, and intrusive memories
• Substances suppress REM sleep
  • No nightmares
• Addictions and compulsions can help to handle PTSD avoidance behaviors
  • Socially less anxious
• Substances can give the same adrenaline rush experienced during combat
  • Sense of power; feel something besides numbing
• Only time they don’t feel anxious
Physical Pain

- Our veterans are exposed to multiple blasts and wear 100 pounds of gear 24/7
  - Chronic headaches
  - Lower back pain
  - Joint pain
  - Pain can trigger trauma
    - Injured traumatically
    - i.e., sniper shot
  - Adds layers to complex presentation
Physical Injury

• Loss of a piece of who they were
• Grief, anger, and helplessness over their sense of loss
  • This can include any type of injury
    • i.e., TBI, amputations, chronic pain, etc.
• Guilt and self-blame over injury
• Injury can trigger trauma
  • Injured in a traumatic way
• Anniversary dates
• Tasks that are now harder become triggering and/or cause grief
Complex Trauma

- Our veterans are exposed to multiple episodes of trauma
- No “green zone” in combat zones
- IEDs, RPGs, snipers, mortars, etc.
- Multiple deployments
- Not just exposure and what they witnessed, but what they did
- Forced actions that contradict core beliefs and values
Employment Problems

- History of “riding deployments”
- Lack of formal education/training
- Feeling a “loss of purpose”
- Tasks menial compared to military
  - Combat is intense
  - Life and death decisions
  - Patriotism
  - Leadership
  - Independence
  - Skills from military don’t transfer
- Multiple triggers in any employment environment
  - Noises, smells, crowds of people, etc.
Financial Problems

• Reliance on higher income earnings
  • Hazardous Duty Pay on deployments
• Compulsive spending
• Credit card dependence
• Child support obligations
• Poor money management skills
  • No expenses during deployment
• Underemployment
• Reliance on disability/benefits
  • Service connectedness
  • Takes 1-3 years
Trust Issues

- In the combat zone, see the worst in others and in themselves at times
- Very negatively focused about the environment and people
- Everyone is a potential enemy
- All people are potentially evil
- People can act aggressively at any moment
- View civilians very negatively
  - Things that civilians are upset about seem petty
  - “If you are not being shot at, it’s not a big deal”
- Whining
- Entitled
- Oblivious
- “Ignorant”
Environment as Dangerous

• Constantly triggered
  • i.e., heat, driving, diesel fuel smells, heat, sunshine, potholes, debris on the road, Middle Eastern individuals
• “Complacency Kills”
  • “As soon as I let my guard down, something bad will happen”
• Engage in constant safety behaviors
  • i.e., back to the wall, watching exists, sizing up people
Anger Issues

• Constantly triggered and anxious
  • Overstimulation
  • Unpredictability
  • Feeling out of control
  • Don’t realize their fight/flight and anxiety drive their anger
    • i.e., soda cans on the cupboard
• Constant negative anticipatory thinking patterns
  • “what if....”
• See the world as very threatening
• Don’t trust themselves
  • Fearful of their own anger
Anger Issues

- Misinterpret the actions of others
  - View benign things as threatening
- Sympathetic Nervous System Arousal
  - Fight/flight
- Chronic sleep deprivation
  - Nightmares, night sweats, racing thoughts
  - Often were on night missions; time of day that was most dangerous
  - Feel “vulnerable” when they sleep...unprepared
- Unconsciously use anger to pull back from uncomfortable feelings
  - Anger at least has some sense of control
Difficulties Connecting to Others

- Emotionally numb
- Isolate related to symptoms
  - “My spouse will think I am a monster if he/she knew what I did”
- Constantly dealing with both their internal and external worlds
  - Intrusive memories, guilt, flashbacks, lack of sense of safety
- Feel disconnected from military peers
  - Shared experiences
  - The only people who really get what they have been through
Difficulties Reconnecting

- Family members and vet grieve over the person not coming back who left
  - Vet has changed
  - They will be different
    - Cannot have expectation they will go back to who they were previously
  - Work on integrating their experiences
Problems Reconnecting

- Family roles shifted when they were gone
  - What would change in your life if you spouse went away for a year?
- Spouse and children can feel abandoned and resentful about them leaving
- Family has adjustment issues allowing vet back into the system
  - Parenting authority
  - Daily routine (i.e., housework, finances, social outings, etc.)
  - Vet feels like an outsider
  - At times spouse resentful vet back and wants to change system
Problems Reconnecting

• What seems like a large issues to a civilian, seems very small to a combat veteran
  • Life scales
• Children can be triggers for their combat experience
  • Having to take the lives of children in a combat zone
  • Normal screaming and squealing noises that children make
  • Overstimulation feels chaotic and out of control
• Don’t listen when asked to do something
  • Disrespect
  • Lack of control
Problems Reconnecting

- Vet can often become very rigid and want control over small things
  - Want predictability
    - everything in its place
  - Want to know when, how, and where they are going
  - “Mission” mentality; “Op order” mentality
  - Don’t want to be “predictable”
    - Makes them an easier “target”
Problems Adjusting

• High anxiety in public places and often isolate
  • No crowded environments
  • Can’t tolerate social interactions
  • Give up most of their activities
  • Only comfortable at home and often not completely
    • Windows and blinds shut
    • Watching “perimeter”
    • Doors inside house closed
    • Almost “OCD” about neatness and wanting things in their place
      • Triggering
      • i.e., soda cans on the counter
Struggle with Sense of Meaning with Deployment

- Question why their peers died and they survived
  - Survivor’s guilt
- Feel they didn’t “win” the war
- ISIS has taken over areas previously secured by the military
  - Struggle with why they were sent and if they made an impact
- Placed in situations where they are forced to engage in actions that conflict with their core values
  - Sense of power or elation at the time
  - Dehumanizing, numbing, objectifying
  - “Thou shall not kill”
- Spiritual conflict
- Lack of self-forgiveness
Military Sexual Trauma

- In a combat zone, the only people you can trust are your peers.
- What happens when your peers violate you?
- Who can you trust?
- MST
  - Isolation
  - Seen as an outsider in the group
  - “if you are not for us, you’re against us”
  - Feeling alone in a very dangerous environment
  - Often not believed or even blamed for their trauma
Spiritual Wounds

• Actions conflict with their core values
  • Value driven vs. context driven
• Anger at God for “allowing” war to happen
• Difficulties with self-forgiveness and believing they can be forgiven
• “Thou shall not kill” vs. “Thou shall not murder”
• Ashamed of their actions
  • Morbid humor
  • Aggression
  • Numbing
  • Dehumanizing
• Don’t recognize their actions at that time are adaptive
Treatment Issues

• Non-military providers
  • Takes a long time to build rapport
  • You truly do not understand what they have been through
  • They will talk about what happened to them, before they share what they have done
  • Learn the basic lingo
    • IED, RPGs, FOB, ranks
• Focus in treatment
  • Basic coping skills at first
    • Education regarding their symptoms
    • Relaxation skills
    • Anger management skills
    • Normalizing adjustment issues
    • Get them to recognize they are being triggered
    • Help them recognize fight/flight issues
    • Work on reducing their isolation
Treatment

• Treatment focused on them recognizing how their experiences have shaped their current perspective and drive their symptoms
• Help them start to challenge their safety beliefs about the environment
  • Did their environment change while they were gone or their perspective?
• Eventually start working on processing their trauma issues
  • May take months to years for someone to open up about this
• Look at behavior in the context it occurred
Treatment

• Was their behavior adaptive at the time?
• Would they make the same choice again with the information they had at the time?
• At times, do good people have to do bad things and are they still good?
• Anger vs. underlying emotions of helplessness, fear, grief, etc.
• Your relationship with the veteran will always be the core of treatment
Treatment

• Vet must overcome avoidance
  • All PTSD therapies have elements of exposure
  • Have to be willing to be uncomfortable
    • i.e., repelling off of a building
  • Work on being in the here-and-now
    • “what is” not “what if”
• Have an internal focus
  • They see the world as the problem, not their perspective or reaction
Treatment - Identity Issues

- Must find a new identity
  - Involuntarily out of the military
    - Medical boarding
  - Injury - not who they used to be
    - Grief issues
    - Help them grieve these losses
  - War has change them
    - Accept that they will not go back to who they were
    - Everyone is impacted by war
- Find strengths in what they have been through
  - Now understand what is important
Tx- Struggle for Meaning

• You do not have the answer for their existential questions
  • “Why did this happen to me?”
  • “Why did my buddy die?”
  • Provide a safe place for them to process this
• Process their struggle for meaning
  • Personal reasons they went
  • Honoring their fallen peers
  • Meaning they give for survival
Treatment Considerations

• Your relationship with the veteran will always be the core of treatment
• Reintegration of emotions/tolerance of emotions
  • Key to treatment
  • Helps vet reconnect
  • Helps them stop feeling like they are just “going through the motions”