Invisible Wounds

Battlemind to Home Summit
September 22nd, 2016
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

Diagnosis (Broad ICD-9 Categories)[a]	Frequency	Percent[b]
Infectious and Parasitic Diseases (001-139)	113,175	15.3
Malignant Neoplasms (140-209)	9,939	1.3
Benign Neoplasms (210-239)	47,337	6.4
Diseases of Endocrine/Nutritional/ Metabolic Systems (240-279)	232,680	31.4
Diseases of Blood and Blood Forming Organs (280-289)	26,747	3.6
Mental Disorders (290-319)	385,711	52.0
Diseases of Nervous System/ Sense Organs (320-389)	326,438	44.0
Diseases of Circulatory System (390-459)	155,194	20.9
Disease of Respiratory System (460-519)	190,744	25.7
Disease of Digestive System (520-579)	264,756	35.7
Diseases of Genitourinary System (580-629)	108,908	14.7
Diseases of Skin (680-709)	156,160	21.0
Diseases of Musculoskeletal System/Connective System (710-739)	415,685	56.0
Symptoms, Signs and Ill Defined Conditions (780-799)	378,542	51.0
Injury/Poisonings (800-999)	211,586	28.5

[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.

Data obtained from Office of the Assistant Deputy Under Secretary for Health for Policy and Planning, http://vaww4.va.gov/vhaopp/vast2.asp

Cumulative from 1st Quarter FY 2002 through 4th Quarter FY 2011

Frequency of Mental Disorders[1] among OEF/OIF/OND Veterans since 2002[2]

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

[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

Relationship Problems

Employment Problems

Housing Problems

Financial Strain

Problems Accessing Benefits

Legal Problems

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

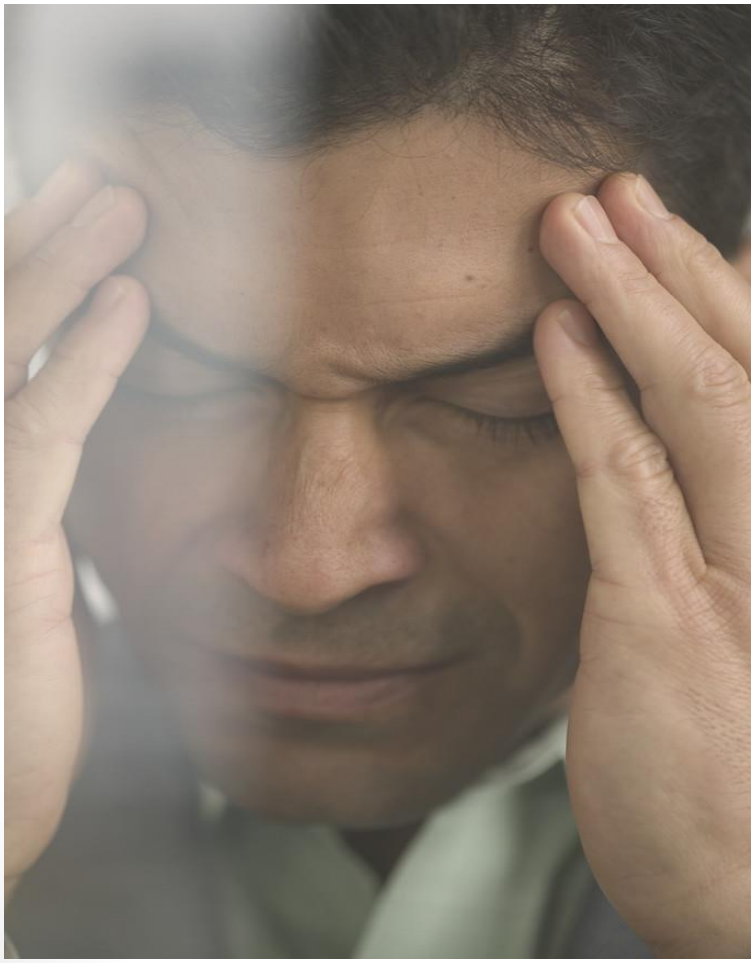
Substance Use

- 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”