Veteran's Often Have Complex Issues: Addiction, Depression, PTSD, Homelessness, etc.

Working With Veterans

Marty Pentz, Ph.D., MSW

12 September 2017

Objectives

- An understanding of the complexity of veteran's issues
- Data on the extent of the issues
  - SUD, Suicide, PTSD, Depression,
- What we use at the Substance Use Disorder Recovery Program (SUDRP)
- What Evidenced Based Practices (EBP) used in our program

Humor

- Police are called to an apartment and find a woman holding a bloody 3-iron
  standing over a lifeless man.
  The detective asks, "Ma'am, is that your husband?"
  "Yes" says the woman.
  "Did you hit him with that golf club?"
  "Yes, yes, I did."
  The woman begins to sob, drops the club, and puts her hands on her face.
  "How many times did you hit him?"
  "I don't know -- put me down for a five."

Ultimate price of war

Severity of the problem

- The lifetime prevalence of PTSD among men was 3.6% and among women was 9.7%. The twelve month prevalence was 1.8% among men and 5.2% among women (3). National Comorbidity Survey Replication (NCS-R)
- The estimated lifetime prevalence of PTSD among Veterans was 30.9% for men and 26.9% for women. National Vietnam Veterans Readjustment Study (NVVRS)

Severity of the problem

- The prevalence of current PTSD in sample of Gulf War Veterans was 12.1%, N=11,441. Kang, et al (1995-1997)
- Current PTSD in Iraq and Afghanistan veterans 13.8%, N=1,938. 2008 Rand Corporation study.
- Of 289 328 Iraq and Afghanistan veterans, 50, 432 (17.4%) with depression. Seal et al.
- 16.9% in general population
- Severity appears to increase with years without treatment

Veterans and Opiates

- The opioid epidemic now encompasses more than 2.4 million individuals with opioid use disorders (OUD), and over 29,000 opioid-related overdose deaths a year. (CDC, 2016)
- Veterans at higher risk for opiate misuse, high rates of chronic pain and mental health issues. (Seal, et al. 2012; Golub & Bennett, 2013)

What Does an OD Look Like

Veteran Suicide Statistics, 2014

- ~20 Veterans died from suicide each day = 18% of all U.S. adult suicides (decreased from 22% in 2010) (veterans are only 8.5% of USA Population)
- Risk of suicide was 21% higher among all Veterans compared to U.S civilian adults
  - 18% higher among male Veterans
  - 2.4 times higher among females Veterans

(slide adapted from Department of Veterans Affairs, News Release, "VA Conducts Nation's Largest Analysis of Veteran Suicide," July 7, 2016)

Veterans and Suicide

- (Compilation of Data, 2000-2010) Hofmire et al 2014
  - Of the 173,969 25% were veterans
  - Veterans suicide rates increased by 25% while non-veteran population increased by 12%

Suicide and PTSD/SUD

- Suicide rates (deaths per 100,000 lives at risk) among veterans and nonveterans 2000–2010

	Non-Veterans			Veterans		
Year	Total	Male	Female	Total	Male	Female
2000	11.1	20.1	4.8	28.6	28.8	24.7
2010	12.4	21.4	5.4	35.9	36.0	34.6

VA Response to Suicide Crisis

- Veterans with other-than-honorable (now can access VA mental health care)
- Veterans crisis line (2.8 million calls since 2007)
- 74,000 calls initiated emergency services
- VA now doing research on crisis line effectiveness

Mental Health Issues

- Since 2001, the proportion of VHA users with mental health conditions or substance use disorders (SUD) has increased from approximately 27 percent in 2001 to more than 40 percent in 2014.

Complexity (Multiple Life Burdens)

- SUD/Mental Health Issues
- Homelessness
- Unemployment
- Legal issues

Complexity (Multiple Life Burdens)

- Many treatment episodes
- Domestic violence
- Suicidality
- Violence
- Low Education
- Childhood Issues

VA Treatment

- Is to be Recovery Oriented (define in discussion)
- VA Mandates Evidenced Based Treatment (EBP)
  - Supposed to have 10 years of research backing
  - VA wants at least two to be available for each disorder

Recovery Quotes

- “Recovery is about progression, not perfection” author unknown
- “I am not what I have done. I am what I have overcome.”
- “The best time to plant a tree was 20 years ago. The second best time is now.” – Chinese proverb
- “What progress, you ask, have I made? I have begun to be a friend to myself.” – Hecato
- “It is by going down into the abyss that we recover the treasures of life. Where you stumble, there lies your treasure.” – Joseph Campbell

What We Do In Our Substance Use Disorder Recovery Program (SUDRP)

- Motivational Enhancement counseling and interviewing – 4 trained staff (mandated by VA)
- Cognitive Behavioral Therapy for Relapse prevention (mandated by VA)
- 12-Step Facilitation
- Contingency Management
- SUD-focused behavioral couples counseling or family therapy (mostly done in family therapy program not attached to SUDRP)
- Medication Assisted Treatment

VA MANDATE

- "All veterans with PTSD must have access to Cognitive Processing Therapy (CPT) or Prolonged Exposure Therapy (PE) as designed and shown to be effective."
  - SUDRP can provide CPT and PE and both are also done in Mental Health clinic
- All veterans with depression or anxiety disorders must have access to Cognitive Behavioral Therapy (CBT)
  - Done in SUDRP
  - Acceptance and Commitment Therapy (ACT), or Interpersonal Therapy In Mental Health Clinic

Trust/Hope in Therapy

- Veterans tend to trust other veterans
- A definite correlation exists in the psychotherapy literature between the therapeutic relationship and improved outcomes (see reference list)

Our Program (SUDRP Basic Format)

- OSC (Opioid Substitution Clinic) Groups as well
  - Methadone
  - Suboxone
  - Naltrexone
  - Acamprosate
  - Antabuse
- OP, IOP, AC
  - Individual counseling
  - Aftercare 12-weeks to one year, one day per week

What We Do In Our Substance Use Disorder Recovery Program (SUDRP) (All are Evidenced-Based)

- Motivational Enhancement counseling and interviewing – (mandated by VA) group and individual
- Cognitive Behavioral Therapy for Relapse prevention (mandated by VA)
- Relationship and Family Counseling (Behavioral)

What We Do In Our Substance Use Disorder Recovery Program (SUDRP)

- 12-Step Facilitation
- Treatment for co-occurring depression, anxiety, PTSD symptoms
- Pharmacotherapy
  - Suboxone
  - Methadone
  - Naltrexone/Vivitrol
  - Antabuse
  - Psychotropic Medications
  - Nicotine Replacement (Now largely done in primary care)

Criteria for PTSD A-H

A) Stressor

B) Intrusion Symptoms

C) Avoidance

D) Negative alterations in mood and cognitions

E) Alterations in arousal and reactivity

F) Duration

G) Functional Significance

H) Exclusion

Humor

- 1. A rubber band pistol was confiscated from algebra class, because it was a weapon of math disruption.
- 2. A grenade thrown into a kitchen in France would result in Linoleum Blownapart.
- 3. A hole has been found in the nudist camp wall. The police are looking into it.

EBP for PTSD

- Cognitive Processing Therapy (CPT) (Manualized)
- Prolonged Exposure Therapy (PE) (Manualized)
- Seeking Safety (Manualized)
- Medications
- VA Staff
  - We have staff trained in all the above
  - One psychologist and two social workers trained in CPT and PE treatment

EBP for PTSD

- Depression
  - Acceptance and Commitment Therapy (ACT) in mental health clinic
  - Cognitive Behavioral Therapy (CBT) All social workers and psychologists in SUDRP

Cognitive Processing Therapy (CPT) (We do this in SUDRP, one trained, two being supervised)

- CPT is a 12-session trauma-focused psychotherapy that can be administered in 50-minute individual or 90-120 minute group sessions. (we use individual)
- Involves 3 primary components:
  - education about PTSD, thoughts, and emotions;
  - trauma processing to dissipate natural emotions related to trauma and to explore "meaning making" of the event;
  - event-specific cognitive techniques to achieve more balanced thinking self, trauma, others, and the world ("stuck points").

Prolonged Exposure Therapy (PE): Training and supervision needed

- PE is typically delivered in approximately 10 weekly, 90-minute individual sessions.
- PE therapy involves 4 primary components:
  - education about reactions to trauma and PTSD;
  - breathing retraining for relaxation;
  - exposure to real-world, trauma-related situations that are objectively safe but avoided due to trauma related distress (in-vivo exposure); and
  - exposure to the trauma memory through, repeated recounting of the traumatic event (imaginal exposure).

Conclusion

- We do good work
- Lots of patients

References

- Baer, et al, (2008) Psychology of Addictive Behavior, Vol 22(4), Dec 2008. pp. 570-575.
- Hoffmire, Kemp, & Bossarte (2014) Psychiatric Services in Advance (doi: 10.1176/appi.ps.201400031)
- Howgego, Yellowlees, Owen, Meldrum & Dark, Australian and New Zealand Journal of Psychiatry, Volume 37, Issue 2, 2003, The therapeutic alliance: the key to effective patient outcome? A descriptive review of the evidence in community mental health case management
- Lambert, Michael J.; Barley, Dean E. Psychotherapy: Theory, Research, Practice, Training, Vol 38(4), 2001, 357-361. Research summary on the therapeutic relationship and psychotherapy outcome.
- McCambridge, Slym, & Strang (2008), Addiction, Vol. 103 (11), pp. 1809-18.

  van Weel-Baumgarten (2008) Family Practice Dec; Vol. 25 Suppl 1, pp. i67-70.
- Stein, Herman & Anderson (2009) Journal Of Substance Abuse Treatment 36 (1), pp. 118-25.
- www.ptsd.va.gov

References

- **Trends and Risk Factors for Mental Health Diagnoses Among Iraq and Afghanistan Veterans Using Department of Veterans Affairs Health Care, 2002–2008. Seal et al. Am J of Public Health, 2009 September, 99(9) 1651-1658**
- The epidemiology of major depressive episodes: results from the International Consortium of Psychiatric Epidemiology (ICPE) Surveys, Andrade et al. International Journal of Methods in Psychiatric Research, Volume 12, 1, 2003

References

- Najavitis and Hien (2013), Helping Vulnerable Populations: A Comprehensive Review of the Treatment Outcome Literature on Substance Use Disorder and PTSD. Journal of Clinical Psychology, 69 (5), 433-479.
- https://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf
- Centers for Disease Control and Prevention. Home and recreational safety: Unintentional poisoning. http://www.cdc.gov/HomeandRecreationalSafety/Poisoning/index.html, last accessed Oct 26, 2016.

References

- *Golub A., Bennett A. S. Prescription opioid initiation, correlates, and consequences among a sample of OEF/OIF military personnel. Subst Use Misuse 2013; 48: 811–20.*
- *Seal K. H., Shi Y., Cohen G., Cohen B. E., Maguen S., Krebs E. E. et al. Association of mental health disorders with prescription opioids and high-risk opioid use in US veterans of Iraq and Afghanistan. JAMA 2012; 307: 940–7.*