Freedom Center: Operation Enduring Freedom (OEF) Operation Iraqi Freedom (OIF) Post Deployment Clinic

Veteran's Benefits

William G. Wall, LICSW, BCD
Lt Col, USAF, Retired
OEF OIF Program Manger
William.wall3@va.gov

The Freedom Center

- OEF OIF OND Post deployment clinic at the Dayton VA Medical Center
- Entry point to healthcare for men and women returning from Iraq and Afghanistan war zones
- Veterans are transitioning from combat environment to “home life” and for some military to civilian life
- Veterans are fresh from an experience that has changed them all in some way

OEF OIF Freedom Center Staff

- Bill Wall, Program Manager, Combat Trauma
- Bonnie Tobias, Nurse Case Manager
- Glenis Sandusky, Social Work Case Manager
- Tim Moss, Clinical Social Work Therapist, Combat Trauma Specialist
- Homer Agpaoa “Aggie” Medical Support Assistant
- Marianne Plummer, Transition Patient Advocate
- Dr. Jessica Gallagher, Primary Care PACT
- Carolyn Spencer, RN, PACT
- Bev Dilley, Medical Support Assistant, PACT

Veterans of Operations Enduring & Iraqi Freedom

Veterans Health Administration provides enhanced enrollment opportunity and five years of cost-free health care to veterans who served in a theater of combat operations, for any injury or illness associated with this service.

Non-Service Related Issues

- **Veterans Who Experience Non-Service related Illness/Injuries Post Deployment may be charged a co-pay at VA for treatment of these conditions i.e.: flu, colds, auto accident**

Health Care Eligibility for 5 Years

Just bring your DD 214 to the Freedom Center and we will take care of you and your family

Dental Care

Cost free one time treatment of dental conditions for recently separated veterans who

- ✓ **served for 90 days or more,**
- ✓ **apply within 180 days of separation, and**
- ✓ **DD214 does not indicate necessary dental care was provided within 90 days of release or discharge**

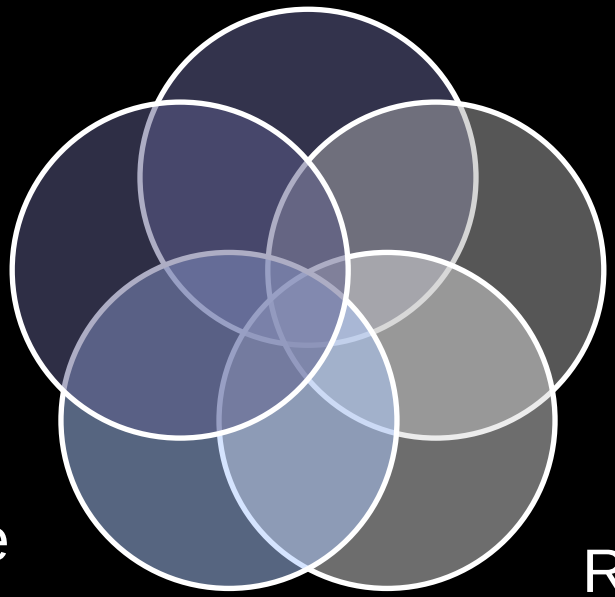
Application Process

- Obtain Dayton VA folder from at display table
- Complete VA Form 10-10EZ
- Submit 10-10EZ to VA Staff today or mail in *OR*
- Easiest: Come to the Dayton VA Medical Center or CBOC with you current DD 214 and let us enroll you

Freedom Center
10-Step Intake Process

1. Enrollment
2. Dental appointment scheduled
3. Gulf War registry
4. Prime Care appointment < 30 days
5. Clinical Screening
   - Post-Traumatic Stress
   - Depression
   - Substance use problems
   - TBI
   - Military Sexual Trauma
   - Skin, Fevers, GI, Frags
6. Schedule consults
7. Complete bio-psycho-social assessment
8. Check on status of claims
9. Schedule emergency contact(s) for education session, sign POA or ROI, my Healthe Vet IPA, and any other referrals
10. Staff case in clinical meeting and assign case manager

P-5 MODEL OF POST DEPLOYMENT MULTI-PROBLEM SYNDROME



Combat Stress

- You will likely have to kill others
  - “No safe place, no safe role”
  - Men kill the enemy (Ethic of Justice)
  - Women kill people (Ethic of Caring and Relationship)
    - Increases potential to develop PTSD
- Someone is trying actively to kill you every day
- You will be a witness to:
  - Carnage of war
  - Collateral damage
  - Death of non-combatants
  - Your fellow service members

OEF/OIF Experience

- 94% received small arms fire
- 86 % know someone who was seriously injured or killed
- 77% shot at or directed fire at the enemy
- 68 % saw dead or seriously injured Americans
- 51 % handled or uncovered human remains
- 48 % responsible for the death of an enemy combatant
- 28% responsible for the death of a non combatant

Special Challenges of Modern War

- Insurgency – Ambiguity of threats - unable to recognize enemy combatants
- 27% of soldiers faced ethical situations during deployment in which they did not know how to respond (MHAT-V, 2008)
- 17% of soldiers and Marines believed non-combatants should be treated as insurgents (MHAT-IV, 2006)
- 20% of soldiers and Marines surveyed endorsed responsibility for the death of a non-combatant (Hoge, et al., 2004), arguably due to the ambiguity of the enemy
- Exposure to human remains is one of the most consistent predictors of long-term distress (e.g., McCarroll, Ursano, & Fullerton, 1995)

OEF/OIF Women Veterans

- Over 150,000 women have served in OEF/OIF
- Women veterans are 2-4 times more likely than female non-veterans to be homeless
- Women veterans are more likely than their male counterparts to experience Military Sexual Trauma

- Swords to Plowshares Iraq Veteran Report

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.

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

Psychiatric Diagnoses and other conditions (N=5334)

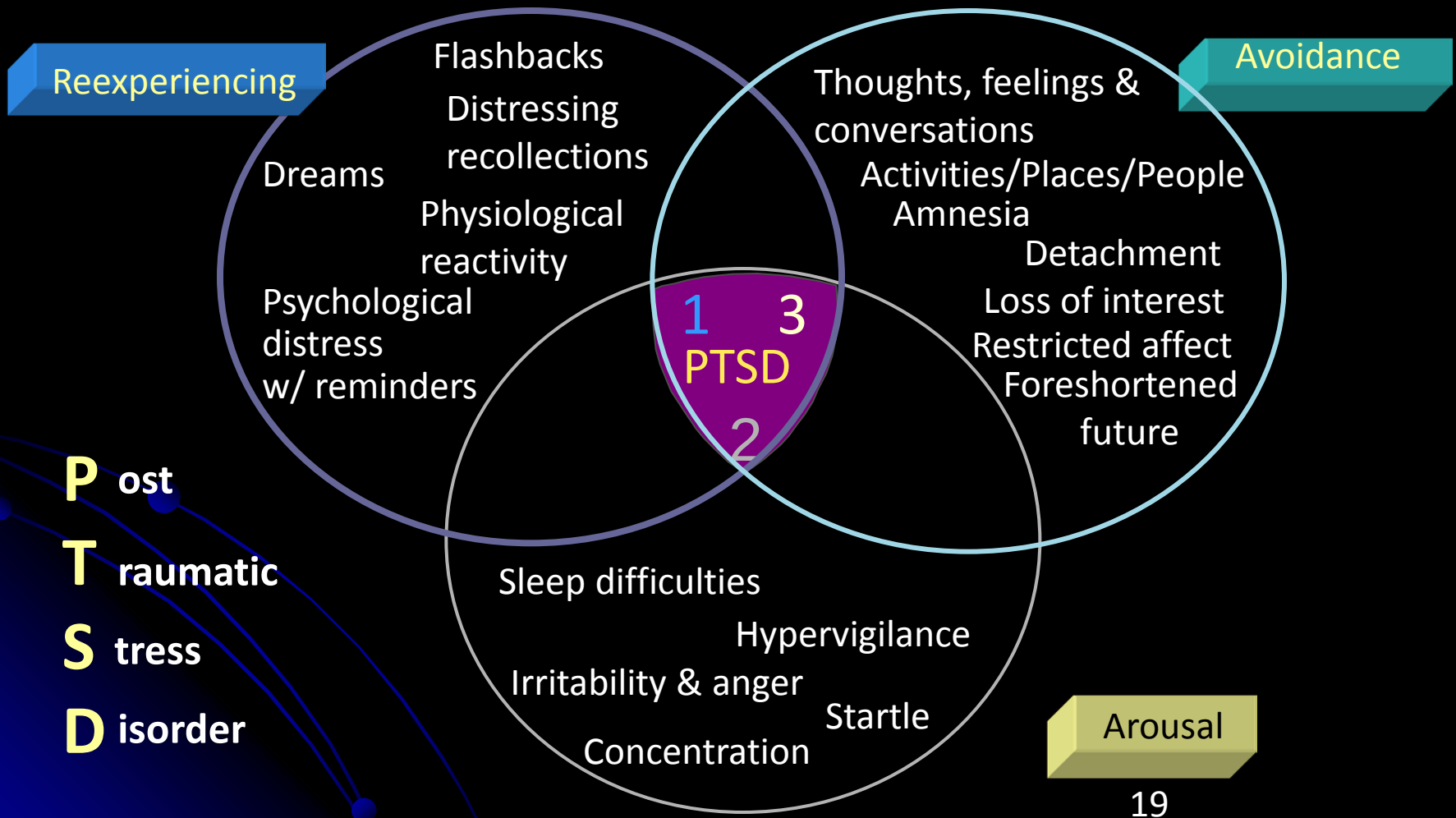
• PTSD	2033	38%
• Pain	1529	29%
• Substance abuse	1518	28%
• Depression	1425	27%
• Anxiety	1179	22%
• Traumatic brain injury	648	12%

Post Deployment Multi-problem Symptoms

- Sleep Disturbance
- Low Frustration Tolerance/Irritability
- Concentration/Attention/Memory Problems
- Fatigue
- Headaches
- Musculoskeletal Disorders (i.e. chronic pain)
- Affective Disturbance
- Apathy
- Personality Change
- Substance Misuse (including opioid misuse)
- Activity Avoidance or Kinesiophobia
- Employment or school difficulties
- Relationship conflict
- Hypervigilance

P-1: Post Traumatic Stress Disorder

Symptom Criteria for PTSD



P ost

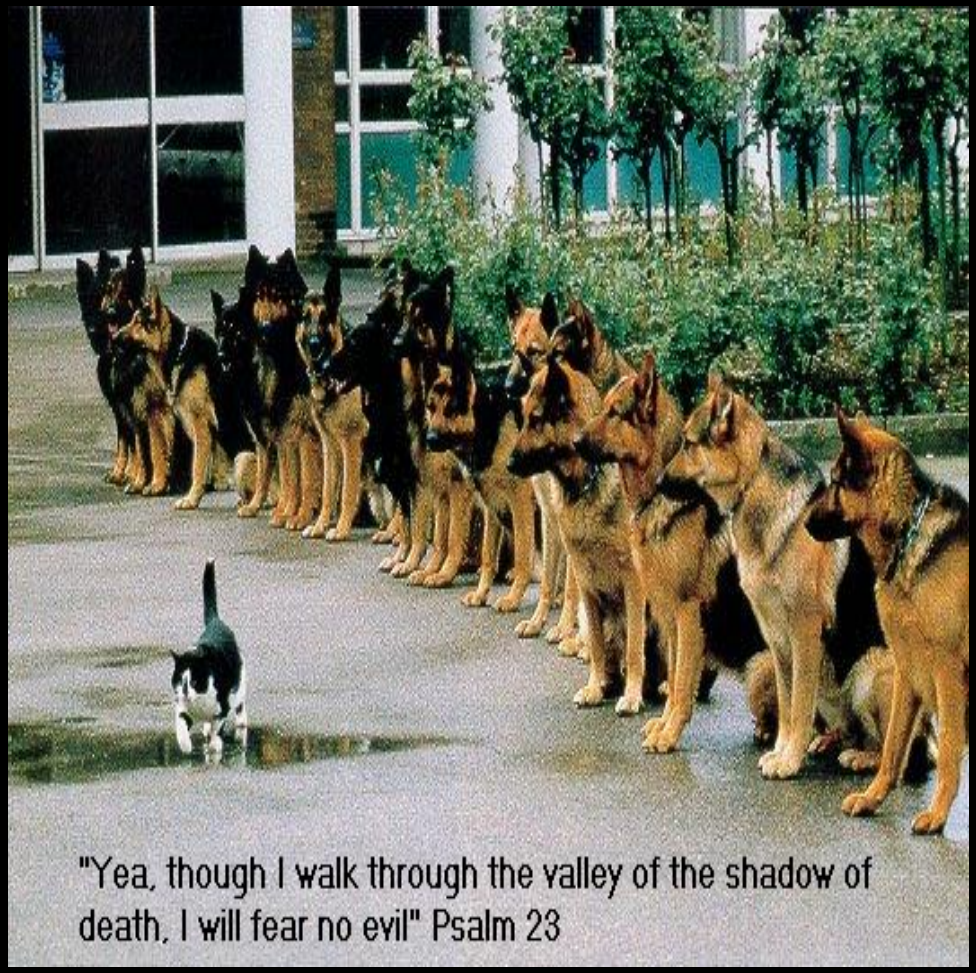
T raumatic

S tress

D isorder

Five Needs Following Trauma

- Safety
- Trust
- Control
- Self-esteem
- Intimacy



Complex and Combat PTSD

- Complex and Combat PTSD are typically the result of exposure to repeated or prolonged instances or multiple forms of interpersonal trauma often occurring under circumstances where escape is not possible resulting in:
  - Emotion regulation difficulties
  - Disturbances in relational capacities
  - Alterations in attention and consciousness (e.g., dissociation)
  - Adversely affected belief systems
  - Loss in sense of self or major identity changes

Killing and Loss: Moral Injury

Fontana & Rosenheck, 2004

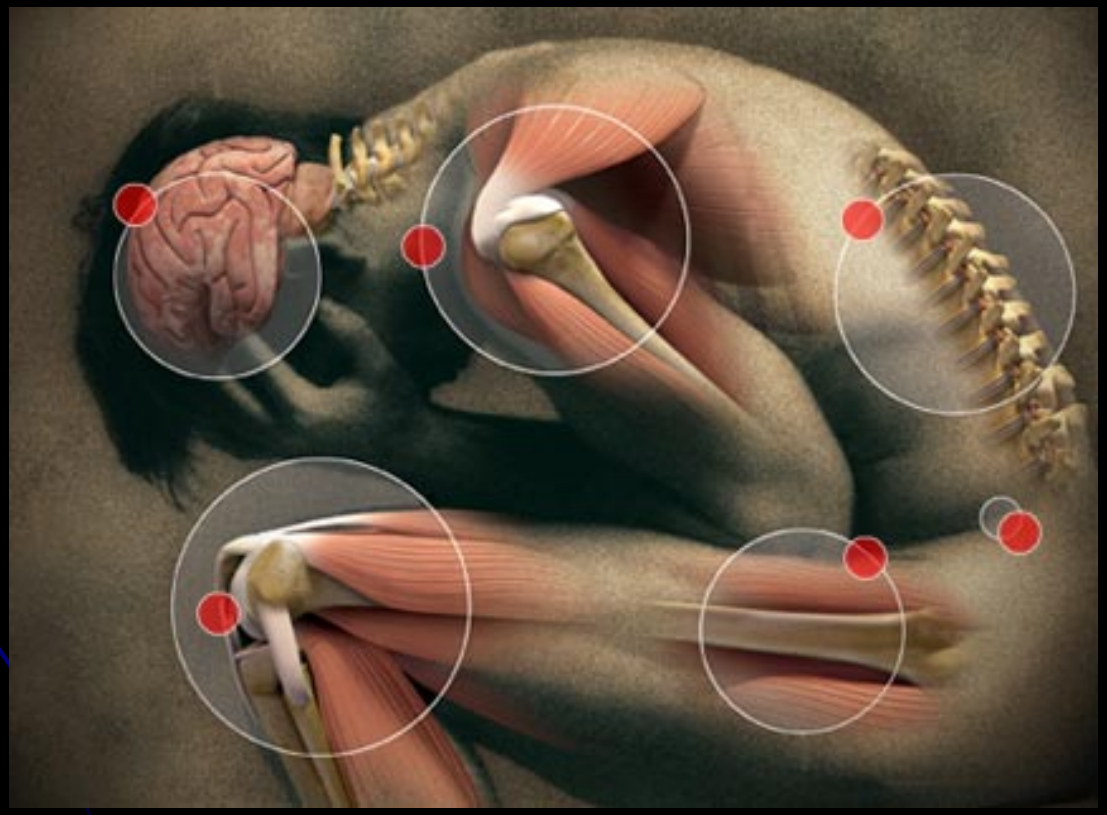
- Strongest impact of development of PTSD
- Three elements of trauma exposure
  - Loss of a buddy
  - Killing someone
  - Handling human remains and personal effects
- Associated with Guilt and Loss of Religious Faith
- Associated with greater utilization of VA MH services
- Primary motivation of Veterans' continuing pursuit of treatment may be their search for a meaning and purpose

P-2: Post Blast Injuries

Post Blast Injuries

- Mild to moderate Traumatic Brain Injuries
- Musculoskeletal injuries
- Visual and Auditory injuries
- Multi-problemTreatment Considerations
- Mental Aspects
  - Emotional regulation
  - Memory problems
  - Decision making and problem solving
  - Impairment of judgment and insight
  - Attention and concentration
  - Reasoning planning and understanding
  - Speech and language
  - Academic performance
  - Relationship performance

P-3: Pain

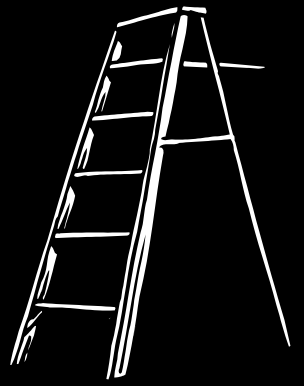


Veterans and Pain

- Have high rates of chronic pain and mental health disorders
- Often difficult for those who have not served to understand the pain and anguish many Veterans face
- Veterans suffering fro military-related health problems may feel isolated and misunderstood by those around them
- Untreated pain can trigger a cascade of life-disrupting changes
- Without effective pain relief Veterans find it difficult to work, sleep, and maintain social relationships
- 90% of all wounded Veterans report pain

Prevalence of Chronic Pain

- Rates 50-60 million annually (Chronic + Acute)
  - 48% “Back Pain”/Musculoskeletal
  - 18% Migraines/Other Headaches
  - 25% Neuropathies
  - 4% Facial/Jaw
  - 5% Abdominal/GI



- Cost
  - 75 Billion Dollar Problem (annually- 2.5 Billion VA)
  - Pain Specialist nearly 6000

PAIN PREVALENCE

- Chronic pain syndromes- OEF/OIF

- 97% Chronic – severe pain
  - 54.5% Back
  - 18.5% lower extremities
  - 18.5% Neck
  - 3.5% Headache
  - 4.0% Neuropathic/neuralgias
  - 65.o% PTSD/depression
  - 5.0 % Insomnia/fatigue

P-4 Polysubstance Abuse

Precipitants of alcohol/drug abuse in OIF/OEF population:

- Alcohol abuse
  - Often begins as an effort to sleep
  - Used to reduce stress
  - Used to relieve boredom
  - Used to deal with sheer terror
- Narcotic addiction
  - Often begins with pain medication for injuries
  - Alcohol & drugs available and frequent in theatre

Polysubstance Use: Treatment Considerations

- No “Wrong Door” to initiating treatment
- Triggered by poorly managed emotional pain or physical pain
- Greater denial and minimization of use
- May be resistant to “substance abuse treatment”
- May attach less stigma to seeking treatment for depression/PTSD than substance abuse.

P-5: Partner Relationship Problems

Changes to Relationship

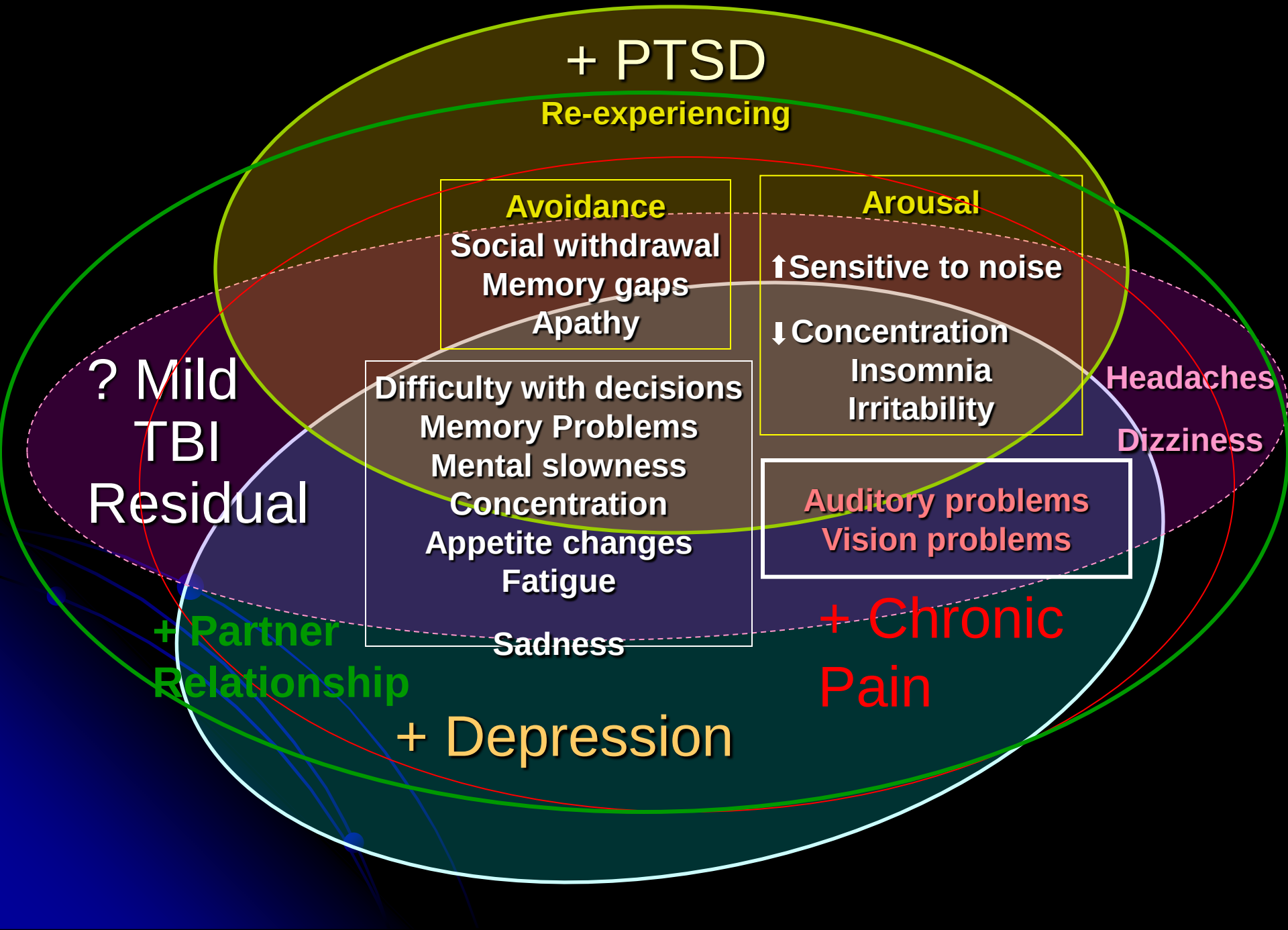
- 1. ***Difficulty communicating****: distance between spouses, feeling closed off, problems sharing feelings*
- 2. ***Conflict****: anger, hostility, increased conflict, fighting, volatility*
- 3. ***Parenting problems****: feeling disconnected from children, difficulty disciplining, expecting children to follow orders, interacting with children as if they are military personnel, not knowing how to parent*
- 4. ***Integrating service members into daily life****: difficulty understanding or accommodating new needs*
- 5. ***Managing household activities****: changing roles for chores, new schedules, disrupted routines*
- 6. ***Considering divorce****: seeking counseling, contemplating divorce, trial separation*

Uncertainty about Relationships

- 1. ***Personality changes****: Is my partner a different person? Do we need to reacquaint ourselves again?*
- 2. ***Lack of connection****: Will the relationship survive? Is counseling needed? Did we grow apart?*
- 3. ***Trust and faithfulness****: Did my partner cheat during deployment? Is my partner lying about how he or she spent time?*
- 4. ***Communication****: Why do I feel out of the loop? Am I nagging too much? Why is he or she withholding information? How can I regain some privacy? Am I sharing too much or too little about the time apart?*
- 5. ***Service member's health****: Did he or she kill anyone? Is he or she depressed, anxious, or suicidal?*
- 6. ***Parenting issues****: How do I regain my connection with the children? Why don't the kids listen to me?*

Interference from Partners

- 1. ***Control issues****: partner is bossy or critical, problems sharing decisions, hard to give up independence*
- 2. ***Household chores****: partner is lazy or not doing fair share, harder to get chores done, more mess*
- 3. ***Parenting****: undermining each other's discipline, not spending enough time with the kids, unsure how to care for them, getting in the way of the children's routines, trouble meshing with the children's schedule*
- 4. ***Social life****: service member spending too much time with military friends, too busy with other activities*
- 5. ***Feeling smothered****: lack of private time, partner wants all my attention, partner is clingy or needy*
- 6. ***Communication problems****: partner won't open up, partner doesn't understand, arguing, conflict*


+ PTSD
Re-experiencing
Avoidance
Social withdrawal
Memory gaps
Apathy
Arousal
⬆Sensitive to noise
⬇Concentration
Insomnia
Irritability
? Mild TBI Residual
Difficulty with decisions
Memory Problems
Mental slowness
Concentration
Appetite changes
Fatigue
Sadness
Headaches
Dizziness
Auditory problems
Vision problems
+ Partner Relationship
+ Chronic Pain
+ Depression

Dayton VA Primary Resource Programs (937) 268-6511

- Homeless: Ed Perry (2808), Omar Varice (7589)
- Caregiver Support: Nicole Bair (2858)
- Drug and Alcohol: Richard Riddle (2986)
- PTSD: Krissy Walker (1913)
- Suicide Prevention: Karon Wolfe (1849)
- Chapter 31 Vocational Rehab: Julie Jones (2991)
- Mental Health: Barry Wideman (1838)
- Prime Care Appointments: Teresa Willoughby (2006)
- Veterans Justice Outreach: Teresa Sichman (1267)
- Social Work: Dave Drew (2890)
- VBA: Jim Younkin (2129), Tim Price (5805)
- Patient Advocate: Christina and Jason (2164)
- Medical Boards-Ohio Army NG: Maj Melissa Mason
  - melissa.mason@us.army.mil

Post-Deployment Growth

- Increased sense of competence and self-reliance
- Increased gratitude for relationships with significant others
- More compassion and empathy for others
- Greater efforts directed at improving relationships
- Greater appreciation for life
- Positive changes in one's priorities
- Stronger religious/spiritual beliefs

Tedeshi and Calhoun

The Freedom Center @ Dayton VA Medical Center
Post Deployment Clinic

937-268-6511

Thank You!

William.wall3@va.gov