International Nurses Society on Addictions

"Making VETERANS Healthy Again….Special Considerations and Circumstances for Service-Connected PTSD and Chemical Addiction"

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Course Objectives:

Understand the relationship between veteran behavioral health disorders and homelessness, suicide, PTSD, chemical addiction

Currently available technologies to stimulate organic neurotransmitter activity during recovery from chemical addiction

Identify resources available for VETERANS through the VA system

Appreciating the unique treatment considerations and gender-specific differences in active duty service members

Course Content Categories:

Veteran prevalence data for PTSD and chemical addiction
Active Duty prevalence data for PTSD and chemical addiction

Gender-specific unique challenges in PTSD for active duty members

Pathophysiology/Physiologic Recovery of "chemical brain concussions"

Dysfunctional Behavioral Traits of chemical addiction lifestyle: Manipulation, Exploitation, Fabrication

Debilitating Fall-Out of chemical addiction recovery treating Anxiety, Depression, Insomnia

INCIDENCE: measure of the **number** of new cases of a characteristic that arise in a population over a given period
PREVALENCE: the **proportion** of a population who have a specific characteristic in a given time period

THE DATA

23.4M VETERANS; 2.2M military service members; 3.1M immediate family members in the USA

25% to 33% of previously deployed military personnel and veterans present with or report a mental health problem upon return from a deployment to Iraq or Afghanistan

most common problems are MAJOR DEPRESSION (5% to 10%) and PTSD (18.5%) and TRAUMATIC BRAIN INJURY (19.5%)

almost 33% of veterans seeking treatment for SUD also have PTSD and 25% of veterans with PTSD also have SUD

since 2004 the suicide rates among military personnel and veterans have more than DOUBLED

due to fears of NEGATIVE STIGMA, less than 50% seek help/assistance within the military or veterans health systems

Military Personnel and Veterans don't believe CIVILIAN mental health practitioners fully understand the military context

of post-deployment service members, approximately 33% to 40% actually receive adequate mental health care (industry indictment?)

war veterans with PTSD and alcohol problems tend to be BINGE drinker

MORE DATA:

7% of US veterans meet the criteria of substance use disorder

from 2005 to 2009 more than 1,100 members of the Armed Forces took there own lives, an average of 1 every 36 hours

the ARMY suicide rate reached an all-time high in 2012 largely in part due to multiple war-time conflict deployments

the military service members (all) suicide rate is now 22 per day

over 50,000 veterans are HOMELESS

in 2009, HUD and the VA reported 76,000 veterans were homeless at least one night with 136,000 spending at least one night in a shelter

70% of homeless veterans experience a substance abuse disorder

21% of veterans in chemical addiction recovery are homeless

Mental and Substance Use Disorders caused more hospitalizations among US troops in 2009 that any other cause

cumulative lengths of deployments are associated with more emotional difficulties among military children and more mental health diagnoses among US Army wives

children of deployed military personnel have more school-, family- and peer-related emotional difficulties

in 2008, 11% of veterans returning from deployment were women

GENDER-SPECIFIC DETAILS…..the WOMEN in service

20% of women returning from Iraq/Afghanistan have been diagnosed with PTSD compared to 27% returning from Vietnam (31% for men)

WOMEN are the fastest growing group of veterans
WOMEN/GENDER-SPECIFIC issues in the military:

- COMBAT OPERATIONS

Women participate in combat, hostile fire and combat-support missions. They also SEE casualties.

- MILITARY SEXUAL TRAUMA (MST)

MST includes any sexual activity where a service-member is involved against his/her will, such as insulting comments or harassment, unwanted sexual advances or sexual assault.

- FEELING ALONE

In military operations, unit cohesion is essential for morale. In the theaters of operation many times personnel are deployed to new groups where there is no relationship, common training or familiarity, and no trust established therefore feeling detached.

- WORRYING ABOUT FAMILY

This is particularly difficult for mothers. Deployment notices are often given with little notice with extended stays for at least a year. When returning home, women feel they missed out on life at home and find it difficult returning to the “mommy role”.

Military Sexual Trauma: Issues in Caring for Veterans

MILITARY SEXUAL TRAUMA equals SEXUAL HARASSMENT and SEXUAL ASSAULT that occurs in military settings

Sexual Harassment

Unwelcome verbal or physical conduct of a sexual nature that occurs in the workplace or an academic or training setting> (notice that it doesn't include the Officer's Club!)
This can include unwanted sexual attention (offensive remarks about your sexual activities or your body) and sexual coercion (implied special treatment if you were sexually cooperative)

Sexual Assault

Any sort of activity between at least two people in which one of the people in involved against his/her will with our without physical force. The sexual activity involved can include unwanted touching, grabbing, oral sex, anal sex, sexual penetration with an object or sexual intercourse.

in 1995, DOD found sexual victimization by harassment 78% for women and 38% among men; by assault 6% and 1% respectively

23% of female users of VA healthcare reported experiencing at least one sexual assault while in the military

the prevalence for military sexual trauma is higher in deployment theaters (Persian Gulf War) as opposed to peacetime service

lifetime PTSD rates in both men and women involving sexual assault victimization are higher than combat exposure!

TREATMENT for PTSD, MAJOR DEPRESSION, and SUICIDE

and ancillary symptoms of ANXIETY, DEPRESSION, and INSOMNIA

Prolonged Exposure Psychotherapy / Imaginal Exposure

focuses on asking the service member to describe the sights, sounds, smells, thoughts, emotions and physical sensations associated with the traumatic experience (according to the evidence presented in an Institute of Medicine report, the **PTSD** treatment showing the greatest effectiveness is exposure-based)

Cognitive Processing Therapy

most successful for service members suffering from **depression** as the therapist assists the patient in deactivating the depressive mode through identifying, evaluating, and challenging negative beliefs and establishing plans to increase the patient's engagement in meaningful activities

Individual Cognitive and Dialectical Behavioral Therapy

these therapies have proven the most effective in suicidal prevention and repetition thereof as they allow the clinicians to focus on issues other than suicide risk

Pharmacologics: Selective Serotonin ReUptake Inhibitors, Anti-Anxietyls, Mood Stabilizers, AntiPsychotics

the SSRI's are the therapeutic class of drugs that is FDA-approved to treat PTSD (sertraline, fluoxetine, paroxetine, venlafaxine)

Traumatic Brain Injury (TBI) or Concussion

Deep Brain Tissue Stimulation or "brain-based" treatment

those veterans and service-members who suffer from SUD (substance use disorder) actually experience a physiologic "chemical concussion" as organic neurotransmitters are displaced by the illicit or chemical substance thus creating an imbalance of the homeostasis of the chemical/electrical environment of the nervous system in the brain at the synaptic level

proprietary technology of special devices utilizing specific wavelength electrical currents (Nexalin) actually "re-set" the natural organic neurotransmitter pool, once dormant and overcome by extrogenous chemicals, and returns homeostasis at the cellular level

Anxiety, Depression and Insomnia

70% of patients, both civilian and military, suffering from PTSD and/or SUD (substance use disorder) experience at least one, and any combination thereof up to all three, of the above debilitating complications: anxiety, depression and insomnia

these secondary complications are what tend to FRUSTRATE and IMMOBILIZE the veteran as service-members are trained to be functional, dependable, team-oriented and productive

Manipulation, Exploitation and Fabrication

in contrast to CIVILIAN sector chemical addiction individuals who develop anti-social, egocentric and dysfunctional personal habits such as manipulation, exploitation and fabrication, the VETERAN and/or SERVICE-MEMBER constantly fight a conscious internal battle in attempts to free themselves from the mental health disorder as opposed to engaging in behaviors that would perpetuate the disorder

BIBLIOGRAPHIES/REFERENCES and RESOURCES

www.ptsd.va.gov

National Center for PTSD

PTSD information voicemail: 802-296-6300 or
ncptsd@va.gov

www.mentalhealth.va.gov (substance abuse)

www.myhealth.va.gov

www.dvbic.org (brain injury center)

www.dcoe.health.mil (psychological health and TBI)

www.samhsa.gov (substance abuse) or
877-726-4727

http://rethinkingdrinking.niaaa.nih.gov or
800-662-4357

www.drugabuse.gov

www.nexalin.com

"Post combat-related disorders", Craig J.Bryan, PsyD, ABPP, 2016

Facethefactsusa.gov

Healthquality.va.gov