ADDRESSING THE SPECIAL NEEDS OF MILITARY SERVICE MEMBERS

County’s 2nd Annual Conference on Co-Occurring Disorders: Emerging Solutions to Integrating Care Throughout the Life Cycle
Friday, December 2, 2011 Hofstra University

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Veterans Health Alliance of Long Island
Scope of Need

• New York State has approximately 950,000 veterans, the 5th largest veterans' population in the U.S.

• Approximately 85,000 Iraq and Afghanistan veterans reside in New York State, and this number is anticipated to rise as more soldiers return home. Nassau County 68,232 Suffolk County 84,753

Based on figures from the VA's National Center for Veterans Analysis and Statistics, as of 9/30/2010, the following represent our veterans' population in NYC and Long Island.
PTSD

- DSM-IV-TR
- Direct personal experience of an event that involves actual or threatened death or serious injury,
- or other threat to one’s physical integrity;
- or witnessing an event that involves death, injury, or the threat to the physical integrity of another person or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (Criterion A1).
- The person’s response to the event must involve intense fear, helplessness, or horror (or in children, the response must involve disorganized or agitated behavior) (Criterion A 2).

- American Psychiatric Association 2000
Screening for Traumatic Stress

- Someone may not meet all of the criteria for PTSD...however, they may very well have post traumatic stress.
- There is a full spectrum of traumatic stress that may not include avoidance.

- Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment
  - John Briere, Ph.D. & Catherine Scott, MD
  - 2006
Some Exploring is Needed

- Revise intakes
- Have you or a significant other (family members) served in the United States Armed Forces?
- When and where did you serve?
- Did you receive treatment for psychological distress while in the military?
WAR

• “Be polite, be professional and have a plan to kill everyone you meet.”

• Poster displayed at Marine and Army Headquarters around Ramadi

  • VFW Magazine February 2007, pg 24
Moral Injury

• Chiefly unaddressed contributing factor to PTSD and depression
• Example: Child placed in road to stop convoy
• According to Bret Litz, Dept of Veteran Affairs
• Moral injury results from “perpetrating, failing to prevent, witnessing or learning about facts that transgresses deeply held beliefs and expectations
• Treatment can include ways of making amends
• From MILITARY: 'Moral injury' as a wound of war
• Conference to examine consequence of battlefield transgressions, exposure to carnage by Mark Walker, May 8, 2010 760-740-3529
War Zone

Constant danger
War-Zone Stress

- War-Zones are unpredictable and can contribute to increased helplessness
- Frustration, sadness, anger and guilt
- Witness to suffering, homeless refugees
- Various demands which can include handling the remains of US and allied personnel, civilians (including children), enemies, animals
  - Iraq War Clinician Guide, Dept of Veteran Affairs, National center for PTSD
  - “Combat and operational stress affects everyone. No Soldier who experienced combat or Family member will remain unchanged.”
- Army Updates Behavioral Health Policy

By Army News Service January 11, 2010
Explore

- Feelings of anger, guilt, hopelessness and sadness
- Screen for use of drinking, drugs and avoidance-Do you spend most of your time up in bedroom, down in basement?
- Are pleasurable activities happening?
- Most veterans can not wait to come home.
- However, veterans often have a hard time feeling connected to family because the good gets numbed as well as the bad.

- Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment
- John Briere, Ph.D. & Catherine Scott, MD
- 2006
Screening for Risk

• The War Question:

• “Since you were 18 or older, have you ever experienced combat, fought in a war, or lived in a place where war was happening?”

• “When this happened, did you ever feel very afraid, horrified, or helpless?”

• “Did you ever think you might be injured or killed?”

• Appendix 1

 Principles of Trauma Therapy: A Guide to Symptoms, Evaluation and Treatment

 John Briere, Ph.D. & Catherine Scott, MD

 2006
Exploring PTSD

• Did you lose any friends?
• Were you ever under fire?
• Do you experience forgetfulness?
• Do you experience relieving of traumatic events, distressing recollections or flashbacks?
• Do you have an abnormal startle response or flinch easily?

Gaylene Pandolfo, NYS OMH
Screening for Risk

- Assess suicidal and homicidal thoughts and feelings
- Assess immediate level of safety
- Psychological stability
- Readiness for further assessment
- Ability to care for self
- Access to arms

*Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment*
*John Briere, Ph.D. & Catherine Scott, MD*
*2006*
TBI: The Signature Wound

- As many as 20% of US Troops may have a TBI. It is being called the signature wound of the wars on Iraq and Afghanistan.
- Did you know that a traumatic brain injury could present similar to PTSD?
- TBI symptoms include:
  - Difficulty with concentration and recall.
  - Depression, insomnia, mood changes, irritability and anxiety.
  - Avoidance of close contact with friends or family.

Brain Injury Association of NYS
www.bianys.org
Traumatic Brain Injury

• While you were deployed were you injured by a:
  • Bullet, fragment, or shrapnel, etc.?
  • Vehicle accident (any type)?
  • Blast of any kind?

Brain Injury Association of NYS
www.bianys.org
Traumatic Brain Injury

- Did any injury you sustained while you were deployed result in any of the following:
  - Feeling dazed or confused?
  - Not remembering the injury?
  - Loss of consciousness?
  - Have you experienced symptoms of concussion afterward (headaches, dizziness, irritability, light and noise sensitivity, ringing in your ears)?
  - Injury to the head or face?
  - If “yes” to any of these questions, there may be a combat-related traumatic brain injury, seek professional assessment and treatment immediately.

Brain Injury Association of NYS
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The Intimacy Impact

• Between 63% and 80% of combat veterans with PTSD have sexual problems, according to studies from the Vietnam era through the Iraq war. Combat troops with PTSD are far more likely than other men to have erection difficulties, suggest studies in a research review by Chen. The causes may be biological or emotional. Some don't even sleep in the same rooms as their spouses because of nightmares, she says.

• According to Suzie Chen, who counsels veterans at the VA Hospital in Long Beach, Calif. Post-Traumatic Stress is a War Within the Body

• Posted on: Monday, 27 October 2008, 06:00 CDT
Military Sexual Trauma

- Unwelcome verbal or physical sexual contact.
- Can happen to anyone regardless of gender.
- Sexual harassment rates are 78% among women, 38% among men bases on 1995 DOD study.
- the stress of war may be associated with increases in rates of sexual harassment and assault.”
- With military sexual trauma, the victim must continue to live and work closely with their perpetrators.
- Often this leads to increased feelings of hopelessness and powerlessness.

- Iraq War Clinician Guide
- Department of Veteran Affairs
- National Center for PTSD
MST 2010

• In FY2010, there were 3,158 total reports of sexual assault in the military. The DOD estimates that this number only represents 13.5% of total assaults in 2010, making the total number of military rapes and sexual assaults in excess of 19,000 for FY 2010.

Military Sexual Trauma

• Screen for military sexual trauma
• Ask, “While you were in the military, did you receive unwanted sexual attention, such as touching, cornering, pressure for sexual favors, or verbal remarks?”
• While you were in the military, did someone ever use force or threats of force or punishment to have sexual contact with you when you did not want to?”

• Clinical Psychiatry News, Vol 36, No 1 “VA Data Reinforce Need for Treatment of Sexual Trauma.”
• By Jeff Evans
Some reports indicate more Vietnam Veterans have died by suicide than in combat since the war ended.
Suicide

• Veterans of all generations are at risk for suicide.

• Some estimates indicate 5 veterans in the VA health system kill themselves each day.

• Approximately 13 veterans not receiving services from the VA health system take their life each day.

• Veterans Affairs Secretary Eric Shinseki delivering remarks at the 2010 DoD VA Suicide Prevention Conference in Washington, DC. Jan 2010
Contributing Factors for Suicide

- War-Zone and Combat Stress
- Stigma
- Access to weapons
- Acute crisis such as failed personal relationships
- Legal problems
- Financial or job stress
- Barriers to healthcare access
- PTSD
- Depression
- Traumatic Brain Injury
- Perceived fair or poor physical health
- Substance Abuse
- Prior Attempts
- Congressional Research Service Report for Congress  Suicide Prevention Among Veterans May 5, 2008
Protective Factors

• Strong family or community connections
• Accessible and effective clinical care
• Skills in problem solving & nonviolent conflict resolution
• Cultural and religious beliefs that discourage suicide

• Suicide Prevention Resource Center www.sprc.org/library/srisk.pdf
Downward Spiral

• According to former Army Lieutenant Rieckhoff, “Untreated mental health issues can lead to a predictable downward spiral: alcoholism, marital problems, drug abuse, unemployment, homelessness.”

• “Mental Health Issues for Vets,” Newsday, March 13, 2007
National Crisis Hotline Resource

• Press 1 for veterans
• Determine most appropriate treatment setting
• Assure follow-up is made
• Involve someone close: family member
• Limit access to means: firearms
• Stay committed to help through the crisis
  • Suicide Risk Assessment Guide: Department of veteran Affairs Employee education System
Families Take the Brunt

• Currently about 230,000 children and teens with a parent at war.
• In 2008, military children sought MH care 2 million times, double the number since the start of the Iraq War
• Quote from a child, “something bad may happen or something not, but you never know. That’s pretty much what I worry about.”
• Aug 28, 2009 Associated Press “Camp Helps Military Kids Cope with Fears.”
Stress of War on Military Children

- The stresses of deployment heighten the risk to psychosocial morbidity in children.
- Children of military service members are 2 and a half times more likely to develop psychological problems.
- The greater the community support the family receives, the lower the risk.
- August 13, 2009 “Stress of war takes mental toll on military kids.” msnbc.msn.com
Children Need Support and Education too

• The NYS Office of Mental Health in conjunction with Sesame Street has developed a DVD in English and Spanish for the children of military families called Talk, Listen & Connect.

• Research has demonstrated a decrease in psychological distress in military families who view the video.

• Display the video for availability in every clinic.

• Gaylene Pandolfo, LCSW  NYS OMH
Trauma & Family

- What are the traumatic experiences?
- What was overheard?
- Do parents still sleep together?
- Are there screams during the night?
- Does the family walk on egg shells, fear sudden angry outbursts?

Are there known triggers:
  - Can be Gatorade rip tide
  - Car Backfiring
  - Fireworks
  - Black trash bags in summer look and smell like body bags
  - Holidays and anniversaries
  - Could be the sound of their own child crying
Access to Trauma Informed Care

- Administrators must ensure priority access to care, without any delay in treatment.
- Process intakes immediately.
- Accept walk-ins and sporadic contact.
- Administrators must ensure that telephone screenings received in out-patient settings include identifying military personnel and their families.
- Administrators must ensure all multi-disciplinary staff are sensitive to trauma and establish Trauma Informed Care Environments.
- Adopt universal screenings.
- Provide trauma sensitive training and education to all levels of staff.

• Gaylene Pandolfo, LCSW NYS OMH
From Day One

• Address physical health concerns.
• Be aware of possible toxic exposures.
• Coordinate pharmacologic treatment with medical providers.
• Assess for TBI.
• Ask if they have enrolled in the VA and contacted their local Veteran Service Agency.
Treatment Aims

- Talk about the trauma.
- Educate about traumatic stress reactions.
- Teach coping mechanisms to address anger, anxiety, guilt.
- Facilitate mutual support among veterans.

- Iraq War Clinician Guide
- Department of Veteran Affairs
- National Center for PTSD
Excellent Resource

- We have to address both the substance abuse and the trauma, this model helps keep people safe while doing both.
- CPT is a short-term (12 weeks) evidenced based cognitive behavioral treatment for Post Traumatic Stress Disorder which can be used effectively with individuals and groups developed by Patricia A. Resick, visit the National center for PTSD web-site.
Recovery

- Herman (1992) “in the course of successful recovery, it should be possible to recognize a gradual shift from unpredictable danger to reliable safety
- From dissociated trauma to acknowledged memory, and
- From stigmatized isolation to restored social connection.”
- Herman (1992) notes that doing trauma recovery work requires clinicians to have their own support network.
- Good supervision and network is needed to help the clinician not lose sight of their effectiveness and skill.
- Self care, rest, stress reduction and ongoing training and developing a worldview which includes human resiliency and hope.

- Trauma and Recovery
- Judith Lewis Herman, MD
- 1992
Equipping clinicians with a structured comprehensive tool can help ensure there is no wrong door for service members and their families. To gain access to these documents follow the link: http://www.mtmservices.org/NYSCRI_2010F/2010-Forms.html

Scroll down and click All Forms, then scroll to the Assessment Addendum section. Click Military Addendum Full Length for the Military Assessment in paper, e-form or the accompanying manual. Click Military Addendum Significant Others to access the Military Assessment for Significant Others in paper, e-form or the accompanying manual.

Thank you all for what you do everyday.

Best Wishes,
Gaylene.Pandolfo@omh.ny.gov
New York State Office of Mental Health
Long Island Veteran Liaison
Tips for Resources

- Use the internet and explore the web-sites
- Military OneSource
- 1-800-342-9647
- https://www.militaryonesource.com
- The Veterans Affairs (VA) National Center for PTSD
- National Institute of Mental Health http://nimh
- Substance Abuse and Mental Health Services Administration 1800-662-HELP
- http://samhsa.gov
- Vet Centers: Confidential readjustment counseling for combat veterans and their families 1-800-905-4675
- http://www.vetcenter.va.gov/
Thank You

• We need your feedback to help us move forward.
• Get involved. Helping others is healing.
• Join the Veterans Health Alliance of Long Island or other organizations.
• Request a training or technical assistance. Contact Gaylene Pandolfo, LCSW, Veteran Liaison NYS OMH LIFO at gaylene.pandolfo@omh.ny.gov or call 631 761-2512