RETURNING VETS: PTSD, MULTICULTURAL AND ETHICAL ISSUES
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HI, EVERYONE! WELCOME!!!

A few things to cover 😊
- Introduction/Objectives
- Classroom Etiquette
  - Community Basket
- Breaks and restrooms
- Overview
  - Multicultural Exercise
  - PTSD and Vets
    - Facts/figures
    - Slide presentation
    - D & A, PTSD and Recovery
  - Exercises (Assess)
  - Breakout/Brainstorm
- Questions
RETURNING VETS: PTSD, MULTICULTURAL AND ETHICAL ISSUES

OBJECTIVES:

- Develop multicultural and ethical conscious awareness through learning experiences
- Discuss Community resources and identify needs
- Introduce multicultural skills that enable participants to practice effective listening and support
- Recognize issues associated with PTSD, including social problems and AOD abuse
- Increase understanding in practical application, e.g., work, social settings, church and business
MULTICULTURAL EXERCISE

THE HOUSING SEARCH: DECISION GAME

GOALS

- MORE FULLY UNDERSTAND A RETURNING VET’S OPTIONS
- IDENTIFY RESOURCES AVAILABLE
- CREATIVE PROBLEM SOLVE (ESPECIALLY WITH MENTAL HEALTH, SUCH AS AOD/PTSD’s)
- INCREASE MULTICULTURAL AND ETHICAL AWARENESS
DISCUSSION
FACTS & FIGURES
Facts and Figures

- Currently, there are approximately 162,000 troops in Iraq and with several thousand more stationed in Afghanistan.

- There are countless more soldiers stationed around the world in areas that are potentially volatile.
Facts and Figures

- Since March of 2003, more than 3,700 troops have been killed in Iraq.
- In that same time period, more than 27,000 troops have been wounded.
- 86% of the troops who have served in Iraq know someone who was killed or wounded.
- Most of us know several people who were killed or wounded.
Facts and Figures

When Vets were asked by the Mental Health Advisory Team IV to describe a situation that caused intense fear, helplessness or horror, some of the responses included:

- “My sergeant’s leg getting blown off.”
- “Friends burned to death; one killed in a blast.”
- “Fear that I might not see my wife again, like my fallen comrades.”
- “Finding out two of my buddies died and knowing I could do nothing about it.”
- “I had to pick up my friends off the ground because they got blown up.”
Facts and Figures

- According to the Department of Defense, 1 in 6 troops from Iraq met the criteria for major depression, generalized anxiety disorder, or post-traumatic stress disorder.
- Approximately 20,000 returning troops stated they had nightmares and/or flashbacks.
- More than 3,700 feared they may hurt or lose control with someone.
- *Alcohol/drug abuse = self-medication*
In addition to the mental health issues faced by combat soldiers, many veterans face numerous social/psychological issues as well, including:

- Failed relationships
- Employment challenges
- Financial Issues
- Housing issues
- Physical Challenges
- Substance Abuse Disorders
Since 2001, the divorce rate among active-duty troops has steadily increased.
- In 2001, the Army reported 5,600 divorces.
- In 2004, the Army reported 10,477 divorces.

The returning Reservist and National Guard may face difficulties with employment.

Some who left higher paying jobs may have financial struggles to overcome.
Facts and Figures

- Some face housing issues.
  - 25% of the homeless people in the United States are veterans.
  - 25-30% of the homeless veterans are from the Iraq and Afghanistan conflict.
  - AOD rampant: self-medicating
Post-deployment mental health assessments of troops who served in Iraq or Afghanistan indicated:

- 38% of Soldiers
- 31% of Marines
- Experienced mental health issues ranging from mild depression to post-traumatic stress disorder.
- Experienced substance abuse related problems
Facts and Figures

- For those who served in the National Guard:
  - 48% will experience some type of mental health issues following their deployment.

- What state has deployed the largest number of National Guard to Iraq and Afghanistan?
  - Pennsylvania
  - 6000 National Guard members were deployed a short time ago. They left family and friends
Facts and Figures

- Some of the mental health issues combat veterans may face include:
  - Depression
  - Anxiety
  - Substance Abuse
  - Relational Problems
  - Acute Stress Disorder
  - Post-Traumatic Stress Disorder
Facts and Figures

- At least 152 active troops in Iraq or Afghanistan have committed suicide.
- Research conducted by CBS found in 2005 there was an average of 120 suicides per week among all veterans.
Facts and Figures

- 24% of soldiers in Iraq reported having stress to the point that it impacted on performance
- 18% had evidence of mental health problems

WITH CONTINUED PSYCHOLOGICAL HELP:
- 55% reported medium or better personal morale
- 53% reported medium or better unit morale
Facts and Figures

- Only 42% of those who desired help got it
- Primary reasons for not getting help:
  - Stigma (50% or more report concerns about this)
  - Difficulty getting time off to get help (40%)
  - Lack of access (40%)
  - Leaders Discourage Use of MH/D&A Services (21%)
- Possible link between stress and misconduct

Source: Department of Defense
RETURNING VETS: PTSD, MULTICULTURAL AND ETHICAL ISSUES

Arm & Equip
- Education & Training

Assess
- Risk Mitigation

Identify
- Combat Stress Intervention

Treat
- Treatment & Reintegration

Leadership
Medical

Mission Ready
- Optimal
  • peak performance
  • positive outlook
  • sense of purpose
  • embraces challenge

Stress Response
- Reacting
  • irritable
  • feeling overwhelmed
  • difficulty sleeping & inability to relax
  • problems concentrating

Persistent Distress
- Injured
  • feelings of guilt
  • decreased energy
  • anxiety
  • loss of interest
  • social isolation

Mission Ineffective
- Ill
  • depression and anxiety
  • anger and aggression
  • danger to self or others

Source: Department of Defense
SLIDE PRESENTATION
RETURNING VETS: PTSD, MULTICULTURAL AND ETHICAL ISSUES

Discussion
ALCOHOL & DRUGS
PTSD’s
RECOVERY
Alcoholism

Definition:
Alcoholism is a chronic relapsing and progressive disease with symptoms that include alcohol craving, impaired control, physical dependence and tolerance. Drinking continues despite repeated alcohol related problems. It has a generally predictable course, has recognized symptoms and is influenced by both genetic and environmental factors.

NIAAA
Drug addiction

Drug addiction, or dependency is the compulsive use of drugs, to the point where the user has no effective choice but to continue use. This phenomenon has occurred to some degree throughout recorded history (such as opium), though modern agricultural practices, improvements in access to drugs, and advancements in biochemistry have exacerbated the problem significantly in the 20th century with the introduction of purified forms of active biological agents, and with the synthesis of hitherto unknown substances, such as methamphetamine and gamma-hydroxybutyrate (GHB). While addiction has been replaced by dependency as a clinical term, the terms are used interchangeably.
In the United States:

- 18 million Americans suffer from alcohol abuse or dependence – high percentages of returning vets
- 100,000 alcohol-related deaths annually
- One in four children under age 18 is exposed to family alcohol problems
- Between 20%- 40% of hospital admissions are alcohol-related
- Alcohol problems cost U.S. society an estimated $185 billion annually
Disease Burden by Illness - US, Canada and Western Europe, 2000, 15 - 44 year olds

- Unipolar depressive disorders
- Alcohol use disorders
- Road traffic accidents
- Drug use disorders
- Self inflicted injuries
- Bipolar disorder
- Schizophrenia
- HIV/AIDS

ALCOHOL & DRUGS

RETURNING VETS: PTSD, MULTICULTURAL AND ETHICAL ISSUES

Program Evaluation
$620,855 (11%)

Technical Assistance/
Support of Communities
$250,000 (4%)

Public Education/
Media Campaign
$300,000 (5%)

Cross-discipline Training
$580,000 (10%)

Educational Services through Dept. of Ed. and Early Development
$500,000 (9%)

Administrative
$631,303 (11%)

Community-based Grants
$2,917,842 (50%)

FAS FY03 Budget: $5,800,000
ALCOHOL & DRUGS

- FAS
- Drunk Driving
- Addiction
- Easy to obtain
- Domestic Violence & sexual assault
- Others??????
ALCOHOL & DRUGS

- **Depressants**: slow down body functions.
- **Stimulants**: arouse body functions.
- **Hallucinogens**: distort perceptions or evoke sensation without sensory input.
COMBAT OPERATIONAL/STRESS (Triggers)

- No real safe area
- Unpredictable threat
- Level
- Periodic unpredictable
- Re-exposure to high stress moments
- Mental health response, e.g., AOD
- Discussion
SITUATIONAL STRESS (Triggers)

- Financial problems
- Guard and Reserve
- Employment and business problems
- Physical/environmental conditions
- General case of helplessness and/or hopelessness
- Disconnect from established support systems, faith communities
- Discussion
RELATIONAL STRESS (Triggers)
- Long and/or multiple deployments
- Rushed marriages/pregnancies
- Irritability & numbing
- New communication styles
- Pre-existing strains
- Helpless to assist with crises
- People do crazy stuff
- (wrong things/time/person)
PTSDs AND AOD TRIGGERS

Assessment

1. Criterion A: Traumatic Stressor
   - Actual/threatened death/serious injury
   - Threat to physical integrity of self/others
Assessment

2. Criterion B: Persistent Re-experiencing
- Intrusive thoughts, images, perceptions
- Nightmares/distressing dreams
- Event recur/flashbacks
- Intense psychological distress with cue exposure
- Physiological reactivity upon cue exposure
- Substance abuse
Assessment
3. Criterion C: Persistent Avoidance,
- Numbing of Responsiveness (3)
- Avoid thoughts, feelings, conversations
- Avoid activities, places, people
- Inability to recall important aspect of trauma
- Diminished interest/participation in activities
- Feeling detached/estranged from others
- Restricted range of affect
- Foreshortened future
Assessment

3. Criterion D: Persistent Increased Arousal (Hyperarousal)

- Difficulty falling/staying asleep
- Irritability/anger outbursts
- Difficulty concentrating
- Hypervigilance
- Exaggerated startle
Assessment

Criterion E: Duration of symptoms $\geq 1$ month

- Important to note: why? (Discuss)
Assessment
Criterion F: Clinically significant distress or impairment

- Specify if: Acute: Duration of symptoms < 3 months
- Chronic: Duration of symptoms is >= 3 months
- Specify if: With Delayed Onset: Symptom onset is at least 6 months after trauma
PTSDs AND AOD TRIGGERS

Risk Factors

- Pre-trauma: Previous trauma,
- Psychiatric history, high hostility, low self-efficacy,
- Family history / genetics
- Both peri-trauma and post trauma: trauma severity, social support, life stress
- Severity of injury, acute symptoms
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PTSDs AND AOD TRIGGERS

Key Assessment Scores by Level of Rurality

- PTSD Checklist
- CES-Depression Scale
- Combat Exposure Scale

Assessment Measure
56% of Rural Veterans had scores suggesting PTSD/Depression
- This was statistically significantly more than for Urban (32%) and Out-of-State Veterans (34%)
- Stats reflect probability of a scarcity of Tx options/resources

Scores on the PTSD Checklist and the CES-Depression Scale:
- Higher for Rural Veterans than for Urban; both were higher than for Out-of-State Veterans

Combat Exposure Scale
- Higher scores (more combat exposure) for Rural than for Urban Veterans
PTSD’s: Decline in Functioning

Veterans with PTSD/Depression were as likely as Other Veterans to be employed *prior* to deployment. *After returning home*

Veterans with PTSD/Depression were statistically significantly more likely than Other Veterans to be unemployed (12% vs. 4%) or physically/mentally disabled (11% vs. 1%)

Veterans with PTSD/Depression were statistically more likely to have a lower income and show statistically significant declines in functioning. (Veterans in Rural Counties have a lower income and are less likely to be students.)
PTSD’s: Decline in Functioning

Current Income Level by Group

<table>
<thead>
<tr>
<th>Income Level</th>
<th>PTSD/Depression</th>
<th>Other Veterans</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50,000 &amp; Above</td>
<td></td>
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<tr>
<td>$40-49,000</td>
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<td>$30-39,000</td>
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<td>$20-29,000</td>
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<tr>
<td>Below $20,000</td>
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</tbody>
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Percent
Military Information, Continued…

Percent at each Level of Combat Exposure by Group

0 10 20 30 40
Light
Light-Moderate
Moderate
Moderate-Heavy
Heavy

Level of Exposure

PTSD/Depression
Other Veterans

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PTSDs: Other Facts

Veterans with PTSD/Depression were statistically significantly more likely than Other Veterans to have served in the National Guard (42% vs. 34%) and the Army (75% vs. 55%), to have had Combat Roles (52% vs. 39%).

They are also more likely to have been exposed to heavier levels of combat, risk, gore, injury to self and others, and death of others.
PTSD’s: Other Facts Chart

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PTSD’s SUICIDE AND AOD ABUSE

• CES-Depression Scores were categorized into four levels (based on Ogles et al., 1998)

• Non-Depressed (below “Clinical Level”) = 0-15 (n = 544)

• Mild Depression = 16-27 (n = 197)

• Moderate Depression = 28-39 (n = 123)

• Severe Depression = 40-60 (n = 72)
PTSD’s SUICIDE AND AOD ABUSE

Percent of Total Sample Scoring at Each Level of Depression

- Non-Depressed: 58%
- Mild Depression: 21%
- Moderate Depression: 13%
- Severe Depression: 8%
Returning Vets: PTSD, Multicultural and Ethical Issues

PTSD’s, Continued...

• Five Levels of HELP
  – Informal Support: Family, friends, other Veterans
  – Formal Support: Veteran organizations and support groups
  – Emergency/Medical: Crisis line, emergency room
  – Mental Health: Clergy, counselors, social workers, psychologists, psychiatrists
  – Center-Based: Community mental health center, Vet Center, VAMC, psychiatric hospital
AOD Recovery

- Recovery is: far more than treatment of mental health problems

- Encompasses psychological, spiritual, social, and physical realms: BIOPSYCHOSOCIAL AND OTHER ASSESSMENT EXERCISES

- Need to ensure the right services are available when and where needed

- Transitions need to be as seamless as possible
AOD Recovery

- THE EXERCISES
- DISCUSSION

BRAINSTORMING: MULTICULTURAL APPROACHES, ETHICAL CONSIDERATIONS AND TREATMENT (Tx)
FURTHER CONSIDERATIONS

- Listen as if you had to teach the content
- Attend a lecture or take a foreign language
- Avoid asking questions of the person who is talking; make statements
- Ask yourself – what is important? How is the person’s “story” material framed?
- Avoid assuming you know how the person is feeling or thinking
- Monitor nonverbal and verbal communication