Evidence-Based Practices for returning OIF,OEF,OND Veterans

The impact of multiple deployments on service members and their families

By:

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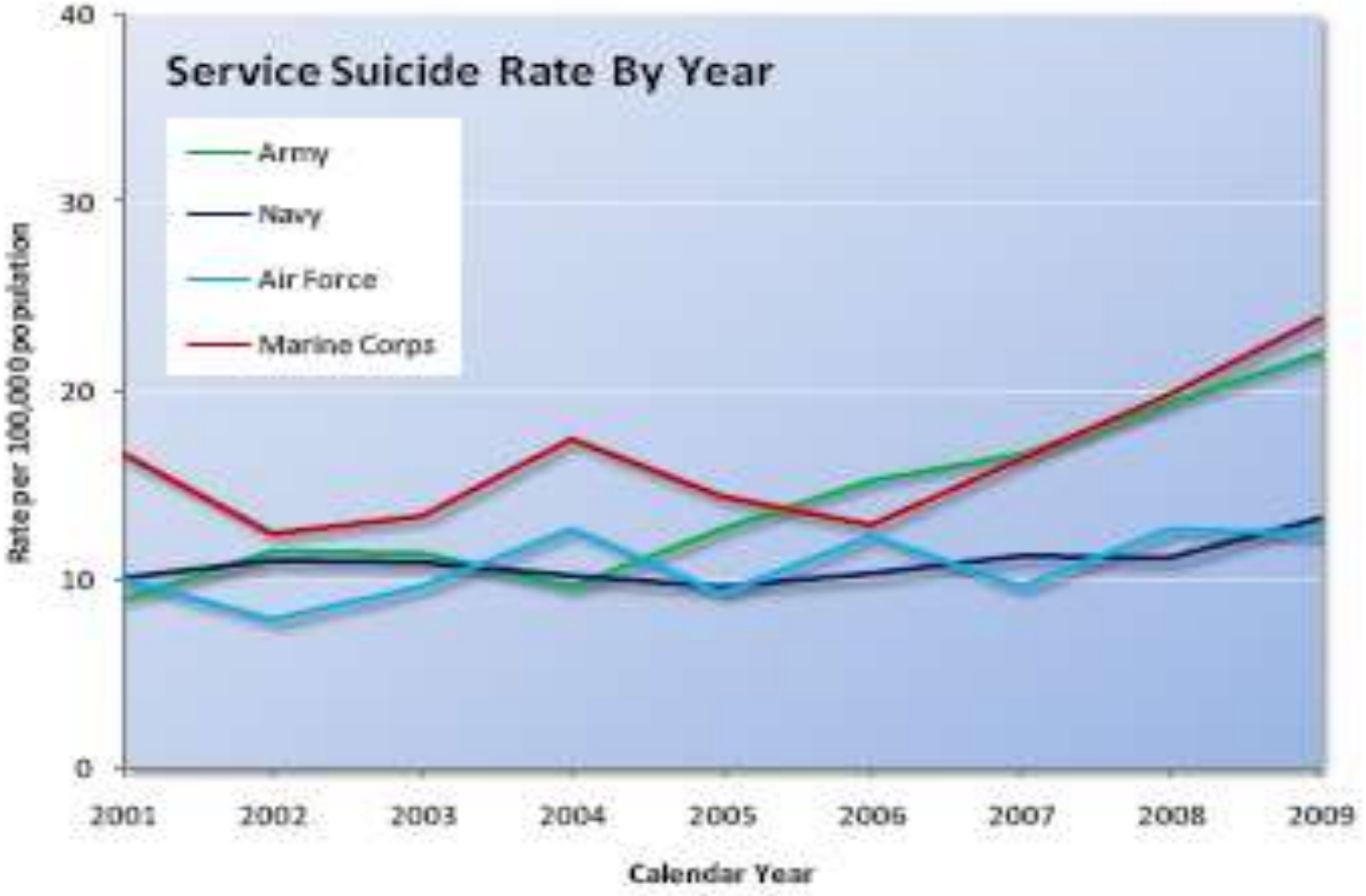
Military readjustment post-deployment

"Almost everyone who has spent time in Iraq and Afghanistan has experienced something very stressful" RAND Study 2007

"In WWII we lost over 400,000 lives, in both combat and non-combat actions. However, in WWII we lost over 500,000 psychiatric casualties! In World War I, World War II, and Korea the number of soldiers pulled off the front lines as psychiatric casualties was greater than the number of those who dies in combat."

Lt Col Dave Grossman Director, Killology Research Group

Suicide Rates in the Military over time

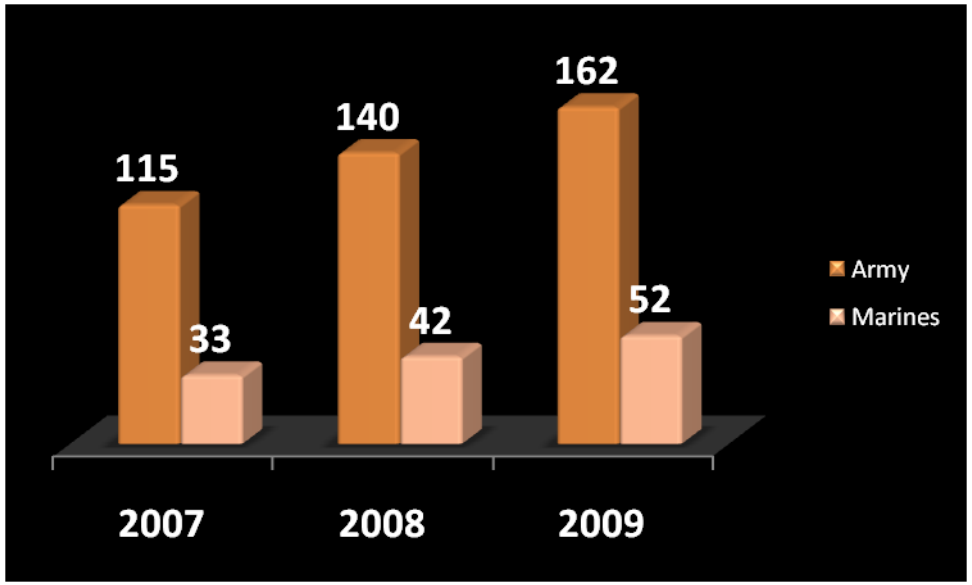


Courtesy of Peter MacMullan, Psy.D. Dept of Veterans Affairs

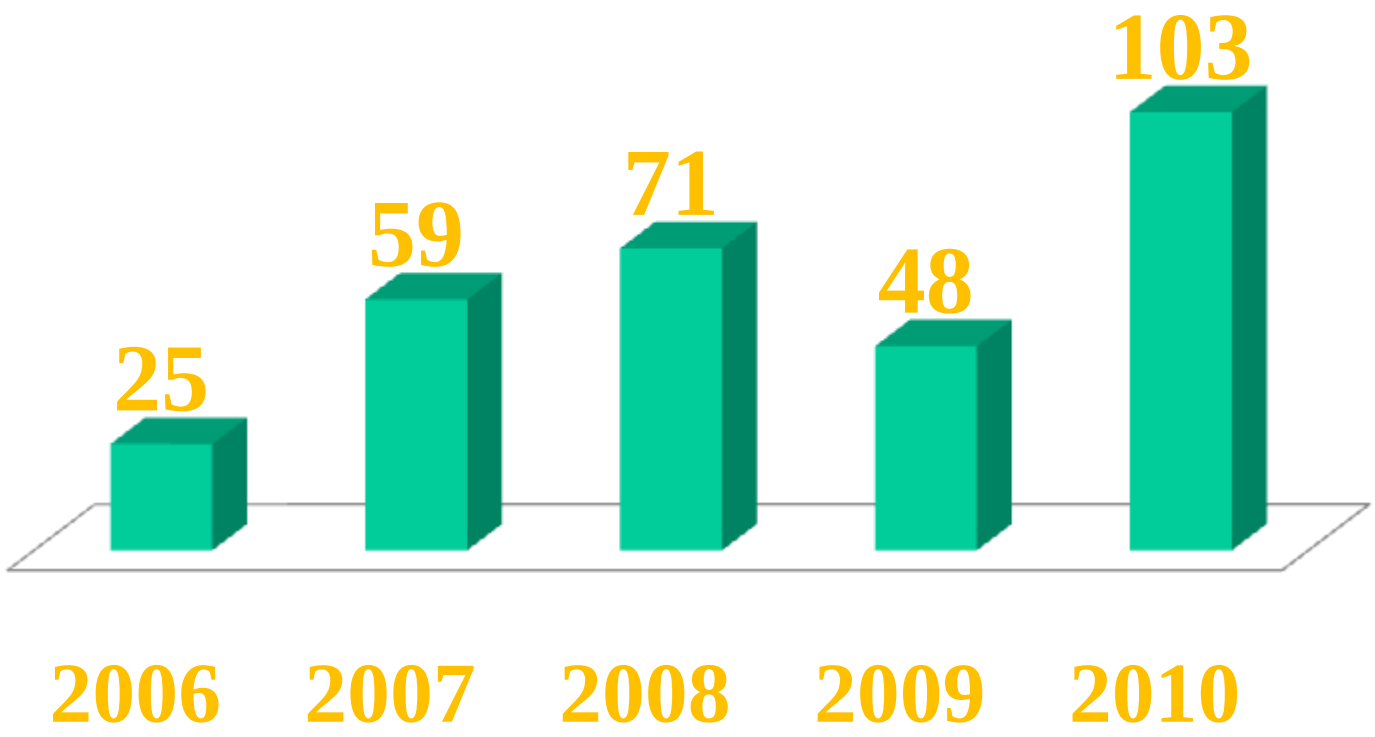
Military Suicide Rates

239 Active Duty Suicides Fiscal Year 09-10

Suicides outnumber casualties



National Guard Suicides 2006-10



Research shows that military personnel deployed to OIF/OEF arenas find that traumatic experiences are common.
They include:

Being attacked or ambushed

Having to uncover and/or handle human remains

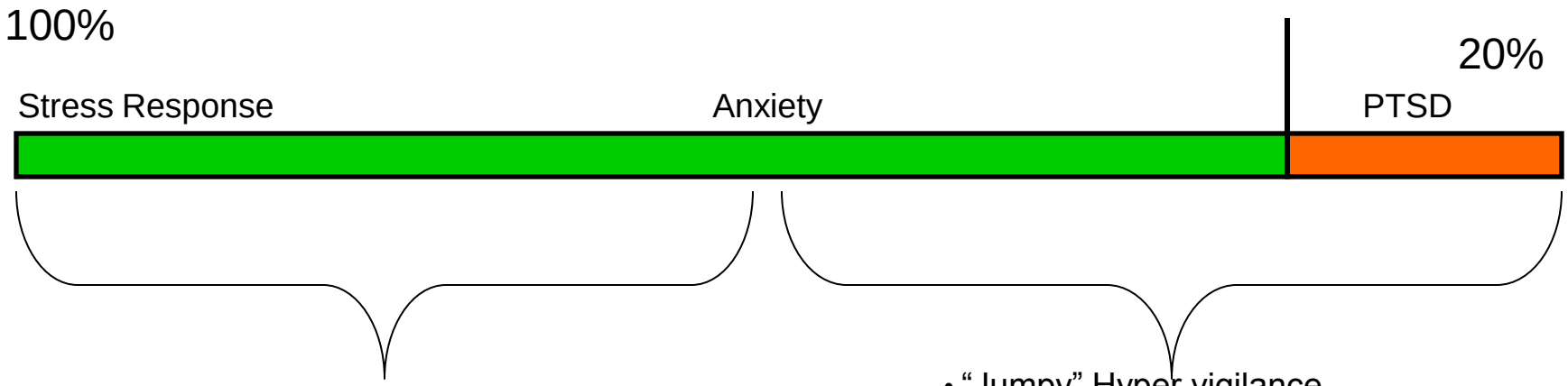
Personally knowing someone who was seriously injured or killed

“I.E.D.s are the scariest and nastiest things I have ever seen. They explode out of nowhere and are filled with nails, screws, bolts and whatever else that will tear through body armor and flesh. I gradually became more and more fearful. Every day was spent wondering if today was going to be *my* day, and if so, would it be painful or would it be quick? When a couple of friends where hit with I.E.D. blasts outside our living quarters, I suddenly realized that I did not want to be in a war any longer. As I looked down at the casualties I was too terrified to move or help, and I stood frozen as I watched people running around screaming, “medic.” When I finally went into action I discovered that most of the guys had minor shrapnel wounds. One of them, however, had taken the brunt of the blast and I had to watch him choke to death on his own blood. There was nothing I could do except sit and watch as someone I had trained with for two years slowly die.” Cantrell, B. (2005) *Down Range, to Iraq and back*

Common symptoms of Combat Readjustment:

- Sleep disturbance
- Loss of interest in work or activities
- Anger “I feel like I have to strike out” worry will “lose it.”
- Withdrawing from friends, loved ones
- Avoidance of activities that arouse memories of war zone (kid crying)
- Increased alcohol use
- Survivor guilt
- Disillusionment- difficulty with authority figures
- Emotional construction
- Feel uncomfortable in crowds
- Hyper-arousal alertness
- Inability to talk about war experiences
- Life feels “less alive”, boring, seek thrill-seeking activities/employment

Combat Readjustment is typical and expected! “These are normal reactions to abnormal events and that many military personnel have felt the same way.” RAND Study



CCC study with National Guard in 2006 N= 532 service members deployed to Iraq or Afghanistan. 72% saw dead bodies, 11% were wounded, 84% went on combat patrols, 70% knew someone who was killed. Survey results indicated **24% PTSD or MDD, 23% ETOH Abuse, 10% SI thoughts present.**

Sensory overload and chronic exposure to heightened arousal states lead to wired or tired phenomenon. **25% had at least 1 diagnosable mental health condition**.

The first assumption should not be a diagnosis of PTSD, rather its about difficulty reintegrating.

Common themes with returning Vets and PTSD

- OEF and Severe guilt = "I don't deserve to live"
  - Traumas often focus on children, civilians, accidental deaths, witnessing gory deaths of US soldiers.
  - Can Develops bitterness, self-hate, loss of respect for the US
  - Can see US citizens as fat, lazy, materialistic, selfish, undisciplined …Why did I defend this country when it's filled with people like you….
  - Alcohol, pot used for sleep and to relax
  - Harm reduction model preferred to AA
  - Co-occurring model of treatment

Irrational thoughts and beliefs of Returning Vets

I wasn't strong enough
I am a failure because I was afraid
I should have been the one who died, not…
I didn't do enough, I should have done more
I am a bad person because I killed ….
I should have been able to stop what was going on around me
I don't deserve to feel happy
Even when I know I'm safe, I still feel in danger
I have no control over these memories/behavior, I'm losing it!
I can't trust anyone anymore; never let your guard down
If I get close to someone I'll hurt them
My family won't accept the person I've become

From National Center for PTSD, Matt Freedman (2009)

When exposed to traumatic events the experience becomes frozen in time and each time triggered (by internal or external events) it is as if the person is reliving the traumatic event.

When triggered, studies have found that the Limbic system, in particular the Amygdala, becomes highly activated. At the same time the Dorsolateral Prefrontal Cortex and the Broca's areas shut down. (vanderkolk, 2005)

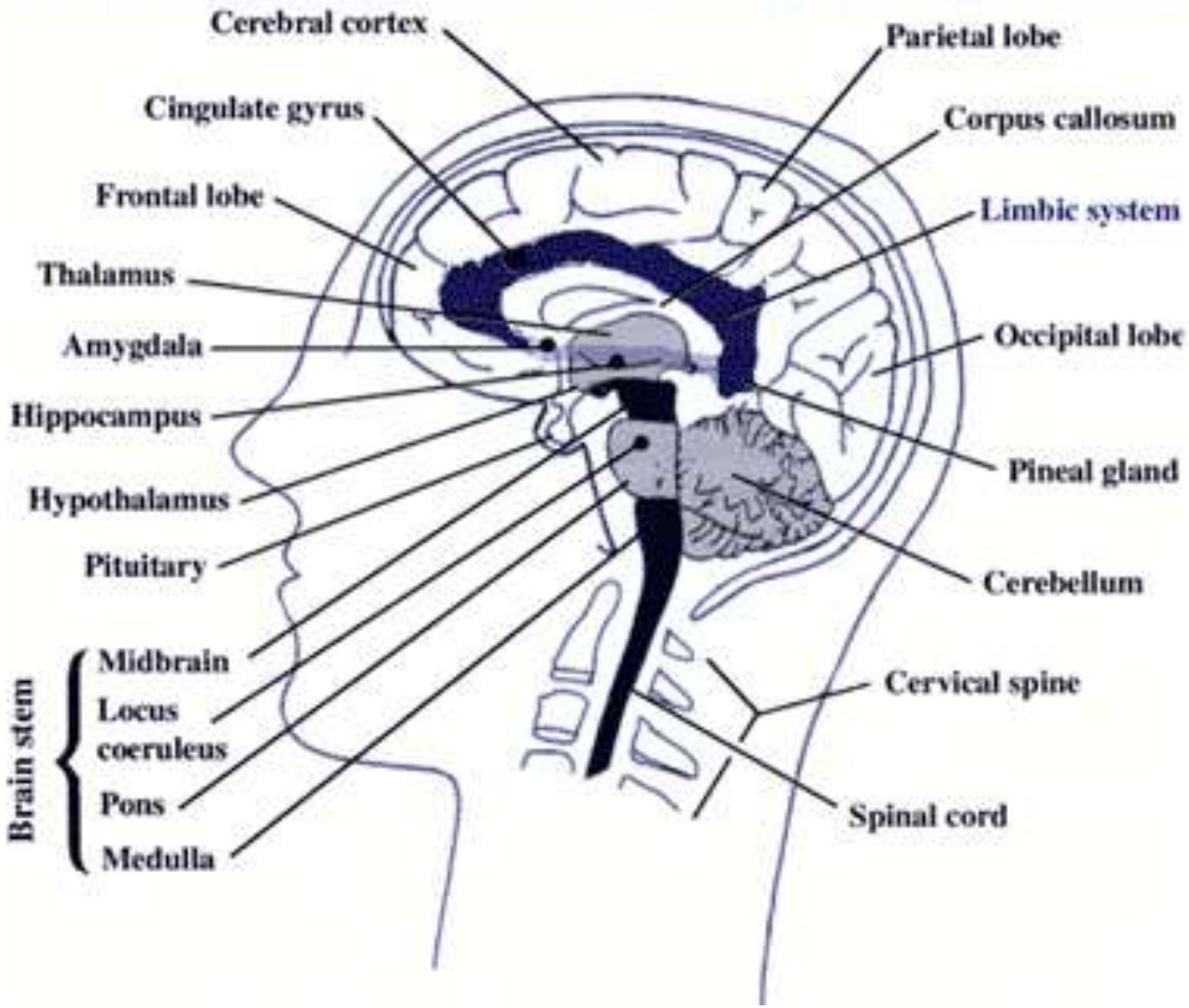
What does this mean?

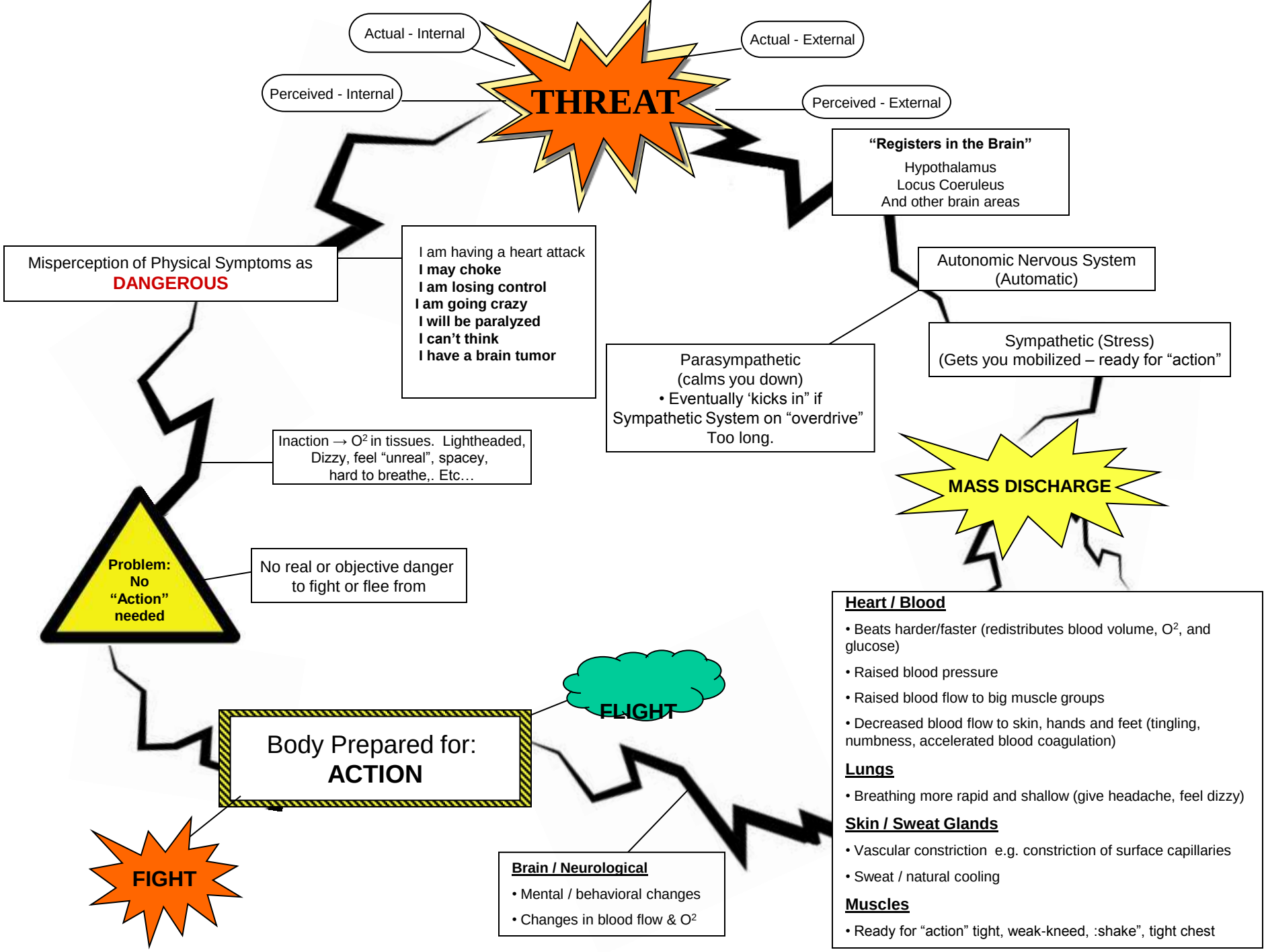
Primitive part of brain involved in flight/fright/freeze becomes activated

The part of the brain involved in reasoning and judgment gets turned off, along with the part of the brain involved with production and interpretation of speech also is inhibited.

The result is that anxiety, agitation, emotional dysregulation and irrational thinking increase

Anatomy of the Brain (Cross-Sectional View)




Actual - Internal
Actual - External
Perceived - Internal
THREAT
Perceived - External
"Registers in the Brain"
Hypothalamus
Locus Coeruleus
And other brain areas
Misperception of Physical Symptoms as
DANGEROUS
I am having a heart attack
I may choke
I am losing control
I am going crazy
I will be paralyzed
I can't think
I have a brain tumor
Autonomic Nervous System
(Automatic)
Parasympathetic
(calms you down)
• Eventually 'kicks in" if
Sympathetic System on "overdrive"
Too long.
Sympathetic (Stress)
(Gets you mobilized – ready for "action"
MASS DISCHARGE
Inaction → O2 in tissues. Lightheaded,
Dizzy, feel "unreal", spacey,
hard to breathe,. Etc…
Problem:
No
"Action"
needed
No real or objective danger
to fight or flee from
FLIGHT
Body Prepared for:
ACTION
FIGHT
Brain / Neurological
• Mental / behavioral changes
• Changes in blood flow & O2
Heart / Blood
• Beats harder/faster (redistributes blood volume, O2, and glucose)
• Raised blood pressure
• Raised blood flow to big muscle groups
• Decreased blood flow to skin, hands and feet (tingling, numbness, accelerated blood coagulation)
Lungs
• Breathing more rapid and shallow (give headache, feel dizzy)
Skin / Sweat Glands
• Vascular constriction e.g. constriction of surface capillaries
• Sweat / natural cooling
Muscles
• Ready for "action" tight, weak-kneed, :shake", tight chest

BARRIERS TO HEALING

- Denial of Pain/Injury
- Fear of Losing Job (not be Promoted)
- Fear Of Ridicule (Macho culture “Cowboy the F… up!)
- Fear of Being Vulnerable (vigilance is a good thing in theatre)
- Fear of NOT BEING IN CONTROL

Cognitive-Behavioral Therapy:

"CBT helps the Frontal Lobe to rein in the Amygdala" Matt Freedman

Exposure therapy, in which patients are asked to describe their traumatic experiences in detail, on a repetitive basis, in order to reduce the arousal and distress associated with their memories

Cognitive therapy, which focuses on helping patients identify their trauma-related negative beliefs (e.g., guilt or distrust of others) and change them to reduce distress

Stress-inoculation training, in which patients are taught skills for managing and reducing anxiety (e.g., breathing retraining, muscular relaxation, self-talk)

CBT treatments usually involve some combination of the above methods combined with general education about anxiety responses, activation of the autonomic nervous and skills to circumvent such activation, and insight into ones potentially irrational thoughts and beliefs.

Cognitive Processing Therapy (CPT)

CPT was developed in 1992 by Patricia Resick and Monica Schnicke

Outgrowth of cognitive-behavioral interventions; focuses on Prolonged Exposure (PE)

Narrative-based approach with combination of cognitive therapy and exposure therapy

The treatment usually involves the client writing about their trauma, reading what they have written aloud, and receiving \ therapist's feedback and assistance with *re-evaluating interpretations* and beliefs about the traumatic events in order to relieve symptoms.

Repeated exposure to the traumatic material coupled with cognitive restructuring are the hallmarks of this treatment intervention method.

CPT 12 Session model

- Introduction and psychoeducation
- The Meaning of the event (and traumatic bereavement)
- Identification of thoughts and feelings
- Remembering the traumatic event
- Identification of “stuck points” (thinking errors)
- Challenging Questions (Socratic questioning)
- Patterns of Problematic Thinking
- Safety issues
- Trust issues
- Power and control issues
- Esteem issues
- Intimacy Issues

Eye Movement Desensitization and Reprocessing (EMDR)

Developed in 1990s by psychologist Francine Shapiro

Helps to resolve difficult feelings and beliefs related to the memory of a traumatic event or series of events.

EMDR utilizes ***Bilateral stimulation*** (eye movements, tapping, sounds) while a client holds the traumatic content (all sensory input, thoughts, emotions, physical sensations and beliefs) and

Dual attention, (the ability to look back in time at the event and provide feedback, while simultaneously remaining present with the therapist and oriented to all spheres) to address the traumatic experience

Process allows the brain and body to access it's own adaptive information processing system, which is the body's natural inclination to heal itself.

EMDR continued:

Trauma 'freezes' us in time to those images, cognitions, feelings, somatic experiences and beliefs that occurred during the trauma and interrupts the body and brain's natural ability to store and make sense of these experiences. EMDR allows for the accessing, stimulation, and reprocessing of these events in a way that allows for desensitization (lessening of disturbance) and eventually re-learning via new insights, changes in somatic and emotional responses.

"After surviving months of guerilla or urban warfare, anxiety and nervousness are normal responses that contribute to generally make you feel suspicious of others and find it difficult to trust others (outside your unit)." Cantrell, B. *Down Range to Iraq and Back*

Military Combat Stress Readjustment Group

10 Module CPT/CBT treatment group with each session including:

1) Discussion/Review of homework
2) Psychoeducation sections
3) In session exercises to learn/reinforce new skills
4) Group process portion
5) End each session with mindfulness/relaxation skill

It is about a year process for the service member to reintegrate to civilian life. "There's not an "off" switch" Matt Freedman

Schemas can be good - bad, rational - irrational

"We collect evidence to support what we believe" Ellis, 2005
"Suffering is pain plus the non-acceptance of pain. You must let go of emotional suffering" Linehan, 2005

Guilt is the confluence of beliefs that we did something wrong and therefore was are a "bad person." Survivor guilt can eat vets alive if left unattended, leading to self-destructive and self-sabotaging behaviors. The "If onlys", the "shoulda, coulda, wouldas" reinforce distorted and self-deprecative internal dialogue.

Mine-sweeper radar analogy (support the hypothesis)

Overview of anxiety and combat

- Review homework and discuss commonalities
- ***Psychoeducation:*** -Normal symptoms of arousal
  - Intro discussion of emotions (anger/anxiety)
  -Why certain symptoms occur: anxiety cycle handout
  -The fight/flight; posture/freeze response
  -Personal proximity & damage (eros/thanatos)
  -Avoidant behavior as a means to cope
  -Impact of chronic stress on mind & body
  -Intro to ABCs of anxiety and depression
- ***Exercise:*** (use dry erase board) List commonly *avoided* events or situations
- ***Process group:*** Open discussion of how life is different since returning to civilian life? How military experience has affected them?
- ***Homework:*** Self monitoring of anxiety and anger. Fill out/record ABCs, stress handouts

* *End session with either a grounding, mindfulness, or breathing exercise*

Thoughts and behavior- stress inoculation

- Review stress logs and discuss
- Introduction to diaphragmatic breathing
- *Psychoeducaton:*
  - -Yerkes-Dodson Law of stress & performance
  - -Automatic thoughts- main types (brainstorm)
  - -Probability overestimation handout
  - -Types of cognitive distortions handout
  - -Absolutes: should, can't, have to, always
  - -Introduction to Socratic thinking, reality testing, disputing irrational thinking
- *Exercise:* Introduction to completing a *5 Column* thought log
- *Exercise:* Each person creates an anxiety hierarchy from 1-100 in 10 point increments (after observing role play example with co-facilitator)

Thought Log

Date	Situation Describe: 1. Actual event leading to unpleasant emotion, or 2. Stream of thoughts, daydream, or recollection, leading to unpleasant emotion	Automatic Thoughts 1. Write automatic thought(s) that preceded emotion(s). 2. Rate belief in automatic thought(s) 0-100% Note Problematic Thinking Patterns	Emotions 1. Specify sad, anxious, angry, etc. 2. Rate degree of emotion 1-100	Rational Response 1. Write rational counter to automatic thought(s). 2. Rate belief in rational response 0-100% (Write balanced alternate response; note how you would have behaved in past in this type of situation)	Outcome 1. Rerate belief in automatic thought(s) 0-100% 2. Specify and re-rate sub-sequent emotion 1-100
8/23	It's hot, summer, having to take car to get windshield repaired after someone smashed window with a baseball bat. Owners of repair shop are from Middle East, speaking in Arabic in the back room.	This sucks, I hate rag heads! What are they doing back there? Maybe they're terrorists? I don't have my weapon, not safe, get out!	Uncomfortable Anxiety Anger Score of 70	Just because they're Arabs doesn't mean they are terrorists *I have no real proof of that.* I'm not in Iraq, this is my home. Just because I feel like there is a treat doesn't mean there really is one. I need more information instead of jumping to conclusion What is the evidence that there real danger here? Old behavior would have been to get into a fight or bolt from the the place	50% Just because I think it doesn't mean it is true. There is a possibility of there being a real threat but the probability is low. Score of 50 It's just a feeling, it (the feeling) won't kill me.

Explanation: When you experience an unpleasant emotion, note the situation that seemed to stimulate the emotion (if the emotion occurred while you were thinking, daydreaming, etc. please note this). Then note the automatic thought associated with the emotion. Record the degree to which you believe this thought 0%=Not at all; 100%= completely. In rating emotion: 1= Just a trace; 100= the most intense possible.

Self-check – How am I doing?

Take a moment to think abut how things are going in your life. Please make a mark on the scale indicating where you feel things are in each of these areas. A score of 10 indicates things are the best in that area, while a score of 0 indicates things are not so good

Me (How am I doing?)

0 ----------5----------10

Family (How are things at home?)

0 ----------5----------10

Career (How am I doing at work/school?)

0 ----------5----------10

Community (How am I doing with friends, activities, support?)

0 ----------5----------10

War Impacts Everyone

- The soldier, sailor, airmen or marine
- Their partner, children, siblings and parents
- Their extended family, friends and neighbors
- Employers and their community, church, etc.

Often vets have mixed feelings about coming home

A good recovery environment/social supports are one of the best resiliency factors

The majority of returning service members who initially display distress will *naturally adapt* and recover normal functioning in the following months National Center for PTSD

Parallel affects within the family

Phoenix VA 2010 study of vets and family members

- Study had high sample size
- Found similar percentages of anxiety, depression and increased alcohol use in family members!
- 80 % divorce rate with 2 or more deployments!
- Highest population at risk, teenage girls experiencing parent with longest accumulative deployments